

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

COUNTERPART
C&D WHITEHALL LABORATORIES PHARMACIST BRIEFING

20 January 1996

Boots guilty of 'rural' misconduct

RPSGB stress scheme goes live this week

Update: the A-Z of ACE inhibitors

Shopfitting: the right look, inside and out



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PSNC's pay claim for 1996-97 (*C&D* last week) noted that "it seems to have become the practice in recent years for remuneration discussions to extend well into the year in question". This year will be no different. The Department of Health, it is understood, has been held up in putting together an offer letter, making an April agreement improbable. Perhaps it is time both sides accepted that they have an unrealistic timetable and moved their target settlement date.

There have been hints that the doctors' and dentists' pay review body will recommend a rise of just over 3 per cent. Pharmacy contractors have come in just below this body's figure in recent years. Oxygen supply, accounting for around 1.7 per cent of the global sum, is the only obvious item on the agenda to devolve for payment at local level. With some LPCs still struggling to settle devolved pay issues from 1995-96, any switches involving larger sums of money would be worrying. PSNC has played down the devolved pay issue in its pay claim, concentrating instead on productivity and late payment of contractors. These are politically alive issues where there is some chance of making progress. But with the Treasury still wedded to the National Audit Office, the belief that there are too many pharmacies and predatory multiples still snapping up businesses, any references under those tired old chestnuts, 'recruitment, retention and motivation', are likely to fall on deaf ears.

PSNC suggests that local indicative budgets be replaced by a national budget element of the global sum, and that fees be set nationally. The DoH should look seriously at this. It does not go against the idea of local services tailored to local needs, but it could save LPCs and the new health authorities the uncertainties of indicative budgets and hours of dickering.

CHEMIST & DRUGGIST

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CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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In the bowels ...

The January module of the Cambridge Counterpart Pharmacy Assistant's Development Course looks at conditions of the lower intestinal tract. The Pharmacist's Briefing (p93/94) in this week's issue covers constipation and laxatives, irritable bowel syndrome, haemorrhoids, diarrhoea, colitis and thread-worm infection.

This is the eighth module of the course, co-sponsored by Whitehall Laboratories. Extra copies are available from Whitehall representatives or by telephoning Tracy Mathews on 0181 747 8797.

Assistants who wish to register for the telephone marking service should contact Sue Cheeseman on 01732 364422 ext 2462. There is an administration fee of \$12.50 (plus \$2.19 VAT).

Society launches stress scheme

The Royal Pharmaceutical Society is launching a stress help scheme, staffed by volunteer pharmacists, on January 20.

The Listening Friends Scheme aims to help pharmacists with their problems – both professional and personal – and advise on obtaining specialist help.

"Pharmacists seeking help will know that they are talking to a fellow member of the profession who can understand ... and who is aware of the particular pressures that apply in pharmacy," says Council member Alan Nathan, who developed the initiative along with the Society's director of legal services Susan Sharpe.

The volunteer pharmacists will mainly be from community backgrounds, with specific training in listening skills. The service will be managed by two co-ordinators, who are qualified pharmacists and psychotherapists. The Society will not be involved in the day to day running and will receive no information from users' confidential calls.

To contact the scheme call 0171 820 3387 and leave your name, area, contact telephone number and a convenient time to be called back. A listening friend will then contact you. If further sessions are needed, this can be done on the telephone or face to face. The Society estimates that, normally, no more than three contacts will be necessary.

The Society is to produce a leaflet about the scheme. To obtain one contact the helpline number or the Society's public relations department.

Boots goes for judicial review after 'rural' misconduct verdict

Boots the Chemists and its super-intendent pharmacist, Marshall Davies, have been found guilty by the Royal Pharmaceutical Society's Statutory Committee of professional misconduct in providing prescription collection and delivery services in rural areas (C&D October 21 and 28, 1995).

But the Committee did not find the misconduct serious enough to strike Mr Davies off the register or to take any further action.

Boots responded immediately to the news by announcing it is to seek a judicial review of the decision. The company said: "We are surprised and disappointed at the decision reached, as we believe that it does not reflect the facts presented at the hearing. A judicial review will clarify the position once and for all."

The decision was reached by a majority of three to one. Chairman Gary Flather, QC, failed to agree with the three pharmacists on the Committee – Mohamed Aslam, Ann Marsden and William Rucker – and gave his dissenting view in the Committee's 33-page document published this week.

RPSGB secretary and registrar John Ferguson commented: "Council will be pleased that the Statutory Committee ... reached the same conclusion as it did. There will naturally be regret that a dissenting decision was given by the chairman."

He added the Society has no reason to believe the Committee's decision is unsound, and that is the case that would be made on behalf of the Society in any judicial review proceedings.

In 1994, Boots' branches in Salisbury and Scunthorpe had set up a scheme in which prescriptions were collected from doctors in Durrington, Wiltshire, and Winterton, Humberside, and the dispensed medicines returned to the surgeries.

Late in 1993, new pharmacies had opened near the surgeries. Previously, the doctors had dispensed for the village residents.

Boots and Mr Davies came before the Statutory Committee accused of ignoring a Council statement, issued in June, 1993, which directed that such rural collection and delivery services should stop if a new pharmacy opened. The statement, although published, was not included in the Society's 'Medicines, Ethics and Practice Guide'.

The Committee agreed that

Boots had not broken the law and that there was no direct criticism of the standards of the service.

The Winterton arrangement was discontinued at the request of local GPs who owned the company which bought the affected pharmacy in 1995. The Durrington service still continues, "but there is much to be said in its defence", says the report.

In a statement giving the majority view, the Committee agreed that it should not be influenced solely by the commercial viability of individual pharmacies except where it was against the public interest: "Financial viability is not an ethical issue if fair and equal competition exists. The Committee is asked to decide on ethical issues."

The majority disputed Boots' claim that the Council statement was a restraint of trade, because it concerned the wholly professional activity of dispensing. Nor was it a restraint against the public interest, because if a new pharmacy opened, it would provide all the benefits of full pharmaceutical care.

The effect on the public purse was also important. The Essential Small Pharmacy Scheme tried to make up the income of those pharmacies dispensing between 500-1,600 prescriptions a month to what they would receive if they dispensed 1,600.

The Boots' service at Durrington reduced prescription numbers at the new pharmacy from almost 2,000 a month to just over 500. If the number fell below 500, the subsidy would be withdrawn and the pharmacy would close.

The NHS was paying twice for most of the scripts processed by Boots – once to Boots and once to the Durrington pharmacy through the ESPS subsidy.

The Boots' service in Salisbury dispensed only repeats, within 48 hours, and not urgent supplies or scripts for acute illness. It could be accused of "cherry-picking".

The Committee majority found it "unattractive that a large company, with enormous resources stemming from nearly 1,200 pharmacies, should endanger the future of a small pharmacy struggling to maintain a comprehensive service in a rural area".

Boots counters this in its statement by pointing out that no pharmacy had ceased trading because of its activities.

However, the Committee

thought the Society should have done more to stress the Council statement. If statements were to supplement the Code of Ethics, they should be published in the 'Medicines, Ethics and Practice Guide'.

The Committee chairman, in his dissenting decision, said Boots had not deprived the villagers of a full pharmaceutical service, as that was still available. "The prospective patients chose not to avail themselves of it ... it really is impossible to describe as serious misconduct the provision of a doctor-approved delivery and collection service which the patients chose to use."

He continued: "In these days of consumer choice, I am not at all surprised that Boots feel that they should respond, if it is lawfully possible, to do what their patients actually want."

Mr Flather could not accept that Boots had conspired with the doctors to "do down" the Durrington pharmacy. Boots would have realised it was reducing the prescriptions dispensed at Edwards, "but to say that that in some way condemns them, is to condemn competitive business carried out everywhere".

Mr Flather questioned if it was fair on patients to deprive them of Boots' service and give them no other local option than a pharmacy "which is at loggerheads with their doctors".

"The Statutory Committee's task is to concentrate on evaluating the ethical side of things strictly on the evidence laid before it." The Committee must not be unduly influenced by questions of policy, including the GP-pharmacist relationship over doctor dispensing. These matters were for others to sort out, said Mr Flather. Nor was it the Committee's task to concern itself with the cost to the taxpayer of Boots' service.

The only thing missing from Boots' service was the presence of a pharmacist to meet the patient and give advice.

Other acceptable services had "this bit missing as well", such as delivery of medicines by a non-pharmacist to a housebound patient.

As Boots' service was for repeat prescriptions, patients were likely to be "well settled". The Boots' manager had monitored medication and encouraged patient contact with queries.



Malone to look at rural issues

The Pharmaceutical Services Negotiating Committee's rural practices committee is due to meet the health minister, Gerald Malone, on February 1 to discuss the 'Clothier loophole', following a recent High Court ruling against Humberside FHSA.

Mr Malone has also pledged to talk to the General Medical Services Committee about the NHS (Pharmaceutical Services) Regulations 1992, after a court ruling that ordered the FHSA to rethink an application by a pharmacy for a contract in the village of Holme-on-Spalding Moor (C&D December 23/30, p910).

If there are any changes in the Regulations, it is thought they may be made in April, along with a tranche of other legislation. This is likely to include:

- changes to the Terms of Service to take into account patient packs, and to introduce a requirement to undertake continuing education
- revisions to the new FP10 prescription form.

Are you up to date with C&D's Update?

Chemist & Druggist has gained accreditation for its **Pharmacy Update** distance learning for pharmacists from the College of Pharmacy Practice.

Appearing in the first and third issues of every month, **Pharmacy Update** carries topical and informative features, backed up by a multiple choice question paper, to provide at least 30 hours of continuing education credit in a series of 12 monthly modules.

The accredited feature in this issue of the magazine is on 'ACE Inhibitors' (see pi), while articles in January 6 looked at 'Communication Skills' and 'Rheumatoid Arthritis'.

The question paper relating to all three articles will be carried in our February 9 issue.

Toothsome talk

The Pharmacy Healthcare Scheme has launched a dental healthcare leaflet, which was postponed from October.

'Teeth for Good' tackles caries prevention, dental hygiene and patients with special dental needs, such as denture wearers.

Valentine's Day sees the launch of the next leaflet, 'Contraceptive choices and sexual health'.

DoH makes CD cabinet payment

The Department of Health is to give all pharmacies in England and Wales a one-off payment of \$127.50 towards the cost of additional secure storage facilities.

The move, agreed by the Pharmaceutical Services Negotiating Committee, follows the reclassification of temazepam to Schedule 3 of the Misuse of Drugs Regulations 1985, which came into effect on January 15.

The Department will make the reimbursement as part of con-

tractors' March payments, as safe storage of the drug has been postponed until April 18.

PSNC is still in negotiation with the DoH over CD fees for temazepam from this date. As there will be no CD fee in the interim, pharmacists do not need to endorse prescriptions 'CD'.

Thos O'Rourke, the secretary of the Northern Ireland Pharmaceutical Contractors' Committee, says it will be submitting a claim "for the same amount of

money" to the Department of Health and Social Services in Northern Ireland.

Andrew Taylor, chairman of the Scottish Pharmaceutical General Council, says it is involved in discussion with the Scottish Office's Department of Health about the temazepam issue.

● The SPGC is discussing with the Scottish Office the implications for contractors of the rise in methadone prescribing.

England to have new prescribing centre

The Department of Health is setting up a new prescribing centre for England, which will absorb the Medicines Resource Centre (MeReC).

The National Prescribing Development Centre will run from April 1 at the Royal Liverpool Hospital. It will support new health authorities by providing them with expert advice and services to encourage good quality, effective prescribing. As such, it will swallow the activities of

MeReC, the Medical Advisers Support Centre and a number of other national units.

There will be little impact on MeReC's role as it will continue to produce its monthly bulletin. "It does not affect us greatly at the moment, but the future will involve us doing work around what the new health authorities want. The feedback that we get will determine how we change," says MeReC director Nick Hough. The organisation's staff

have signed two-year contracts.

The new centre is expected to employ 15-20 people, with additional recruitment once it is up and running. However, there will be a move towards commissioning centres of excellence in establishing the best training, education and advice on prescribing issues.

The DoH is advertising for a director who will determine the needs of the new HAs and draw up a structure for the centre.

Welsh primary care project reaps success

Moving pharmacists into GP surgeries means Mid-Glamorgan Family Health Services Authority has recouped the project's initial investment.

"My estimate is that we have reduced spend by around \$600,000 to \$1.2 million," says Mid-Glamorgan FHSA's chief pharmaceutical administrative officer, Clive Jones. "I always had the view that rational prescribing was cost-effective and these savings bear this out."

The \$600,000, three-year project, funded by the Welsh Office (C&D March 12, 1994, p410), aimed to make pharmacists core members of the primary healthcare team by having them offer prescribing advice to GPs. The project's initial success resulted in it being rolled out across the rest of South Wales, with North Wales due to come on-stream over the next two months.

Over the last 12 months, the FHSA has reduced its rate of

increase in drug costs from 2 per cent above the Welsh average to 1.25 per cent below; and generic prescribing has risen from 17 per cent to 54 per cent.

One indicator of the success of the project is the approval of the fundholding practices involved: out of 11 taking part, nine have purchased the pharmacists' services. "They think it's good value for money and many have asked for enhancement," comments Mr Jones.

Compensation with dignity!

The news of Superdrug's successful establishment of 40 in-store pharmacies by the end of 1995 and its intention to add another 50 by the end of 1996 (*C&D* January 13) demonstrates that a market economy still operates in community pharmacy. I may professionally regret the expansion, but commercially I can understand the forces that enable it to happen.

However, I am concerned at the reason enthusiastically extolled by Barry Simner for Superdrug's acquiring in-store pharmacies, which is to use pharmacy as a commercial vehicle to raise his company's status. At first sight, this is a compliment, but when taken in the context of the self-confessed out of date policy of a 'pile it high, sell it cheap' drug store chain, it is an insult to the profession and an abuse of the principle of NHS contract controls. The benefit to the patient and to the better practice of community pharmacy was never even mentioned and I suspect never even considered.

But good luck to the small independents who, by selling their worthless contracts, have been able to obtain some measure of compensation for all their years of unrecognised work. The profession may once again regret the day it reneged on its responsibilities. With a little more foresight, compensation with dignity could have produced a better distributed service instead of a source of unnecessary contracts with which to further Superdrug's commercial ambitions.

Ostomy nurses need talking to

The unfair differential of payments between pharmacists and appliance contractors for a similar service has never been resolved. I was reminded of this when recently a regular client innocently asked whether I kept supplies of ostomy products in case she ran out, or her regular mail order supply was late!

Topical Reflections



On further questioning, the old story of convenience and those extra goodies of free disposable bags and wipes was once again raised. This lady, however, had been initially advised by the hospital trust ostomy nurse to use a direct supplier. Now I could not reasonably criticise her for not questioning that advice, but it is a sad reflection on the relationships between nurses and pharmacists that the local community pharmacy, with its personal service, is not the first-line choice for all ostomy nurses.

The question of vested interest then raises its ugly head. It cannot be denied that the heavy profits enjoyed, especially by the mail order appliance suppliers, do encourage them to establish good relationships with those advising on their products. Any suggestions of impropriety will always be vehemently rejected, but these suspicions can only be removed by positive

proposals from the Department of Health to produce a level playing field. At the moment, too few appliance contractors are making too much profit at the expense of 10,000 pharmacies which are making nothing!

A figure out of thin air?

I was delighted to receive notification that the Pharmaceutical Services Negotiating Committee has agreed with the Department of Health that pharmacists should be paid a contribution towards the cost of upgrading secure storage facilities now that temazepam has been reclassified as a Schedule 3 Controlled Drug.

However, I am unsure where the figure of £127.50 for all contractors was obtained, since I have not yet seen any quotations for the replacement of my present cabinet. What I suspect is that those who have to replace their cabinets will pay out a lot more than £127.50, while those whose facilities are already adequate will be that amount better off.

Once again the precedent of even distribution of monies regardless of the expenditure incurred has been perpetuated when it cannot have been beyond the ingenuity of PSNC and the DoH to arrange a system which only, but fully, reimbursed those in genuine need.

Community pharmacists continue to be paid according to a global sum distribution which penalises those in high-cost premises, while inappropriately rewarding those more fortunate. It serves the Department's end to continue with this iniquitous system and seems beyond the ability of PSNC to change it.

OTC steroids and H2 antagonists in next batch of POM to Ps

Azelastine hydrochloride to treat hayfever and nizatidine to relieve heartburn are the latest POM to P switches proposed by the Medicines Control Agency.

Azelastine would be indicated for seasonal allergic rhinitis in adults and children over 12 years, for non-aerosol nasal administration. The maximum dose would be 140mcg per nostril, with a maximum daily dose of 280mcg per nostril. The maximum pack size would be 36 doses.

Consultation letter MLX 222 also proposes making nizatidine a P medicine to prevent the symptoms of food-related heartburn in adults and children over 16. The maximum dose would be 75mg, with a maximum daily dose of 300mg. The maximum number of doses proposed is four over a period of 14 days. The pack size would be restricted to four tablets.

The letter also proposes that fenticonazole nitrate, bacillus salmonella typhi and tramadol hydrochloride be added to Schedule 1 (1) of the POM Order.

Comments on the proposals should be sent to Dugan Cummings, Room 1105 MT, MCA, Market Towers, 1 Nine Elms Lane, London SW8 5NQ, by February 28. The MCA plans to implement these proposals by June 28, 1996.

Croydon contractors line up for Searle offer

Around 85 per cent of independent contractors in Croydon turned out for the inaugural meeting of Searle Pharmaceuticals' initiative for community pharmacy (*C&D* January 6, p4).

"The independent turn-out was amazing, which, with the kind of notice we gave them, was extraordinary," says Croydon Local Pharmaceutical Committee chairman Andrew McCoig.

Contractors have elected to take advantage of all of Searle's offers. Each pharmacy will hold a video library of around eight health titles, with a consensus that users should pay a \$5 deposit before hiring. Each will also have a *MIMS Colour Index*. Staff will receive training in DOS and Windows, and in how to deal with aggression.

Searle will design and print a corporate Croydon community pharmacy practice leaflet, allowing contractors to fill in their pharmacy's details. The company hopes to phase in the various elements of the project over the next few months, says Mr McCoig.

SCRIPTspecials

Lescol dosage

The maximum daily dosage for Lescol (fluvastatin) capsules has been increased from 40 to 80mg. An initial starting dose of 20mg once daily should be adjusted at monthly intervals to achieve the desired effect. A dose of 20-40mg once daily will be sufficient for most patients. The basic NHS cost of the new Lescol 40mg twice daily calendar pack (56 capsules) is £29.80.

Sandoz Pharmaceuticals (UK) Ltd.
Tel: 01276 692255.

Nitrofurantoin tablets

Cox Pharmaceuticals now has responsibility for the sales, marketing and distribution of Nitrofurantoin tablets, previously supplied by Biorex Laboratories. For more information, there is a Freephone number.

Cox Pharmaceuticals. Tel: 0800 373573.

Pulmicort respules

Labelling changes are being made to Pulmicort Respules to make them easier to dispense. The lower strength (light brown carton) 0.25mg/ml (in 2mls) will be relabelled Pulmicort Respules 0.5mg. New packs will be introduced on January 12. The higher strength (dark brown carton) 0.5mg/ml (in 2mls) will be relabelled Pulmicort Respules. The introduction date for these packs is February 26.

Astra Pharmaceuticals Ltd. Tel: 01923 266191.

Klaricid gets fruity

Klaricid paediatric suspension has been reformulated in a new fruity flavour. New formulation packs can be identified from the licence number - 0037/0264.

Abbot Laboratories. Tel: 01628 773355.

Taxotere targets breast cancer

Rhone-Poulenc Rorer has launched Taxotere (docetaxel), a new chemotherapy agent for use in advanced breast cancer.

The drug has a novel mode of action, promoting the assembly and inhibiting the depolymerisation of microtubules. It prevents mitosis, and, as a result, inhibits tumour growth and promotes cancer cell death.

The recommended dosage is 100mg/m², given as a one-hour infusion every three weeks. The short infusion time means the

drug can easily be given in an outpatient setting and scalp-cooling can be applied, significantly reducing the incidence of hair loss. A pre-medication regimen with an oral corticosteroid for five days prior to starting therapy has been shown to reduce the incidence, and delay the onset, of fluid retention.

Results of more than 35 clinical trials involving more than 2,500 patients have shown Taxotere to be a very effective agent. The response rate to the drug in

patients who have failed to respond to anthracycline-based chemotherapy is 56 per cent. More significantly, 7 per cent of anthracycline refractory patients achieved complete remission following treatment with Taxotere.

Taxotere is presented as vials of concentrate for infusion containing either 20mg docetaxel (basic NHS price, \$175) or 80mg docetaxel (\$575), with accompanying vials of solvent.

Rhone-Poulenc Rorer Ltd. Tel: 01323 534000.

New indication for Genotropin

Genotropin (somatropin), the biosynthetic growth hormone from Pharmacia, is now licensed for the treatment of growth disturbance in children with chronic renal insufficiency (CRI). Failure to grow to a normal height is often a serious consequence of CRI, and a major concern for patients and their parents.

The recommended dose for patients with CRI is calculated by surface area, but approximates to 1iu/kg/week by subcutaneous injection. The weekly dose should be divided into six or

seven subcutaneous injections and the injection site varied. Higher doses may be used if the rate of growth is too low. Dose adjustments may be required after six months' treatment.

To coincide with the new indication, Pharmacia has introduced the Genotropin Pen, a new injection system which simplifies the required daily injections for children. The pen is being supplied free to patients, along with full training on its use through hospital clinics.

Pharmacia Ltd. Tel: 01908 661101.

Lilly has extended the Prozac (fluoxetine) range with a new 60mg capsule. The new strength is intended for the treatment of patients with bulimia nervosa and obsessive compulsive disorder who require a 60mg dose. Lilly believes a single higher-dose capsule is more acceptable for patients. The pack also includes patient guidelines, designed to allay common worries (30-day pack basic NHS price, £62.31).

Lilly Industries Ltd. Tel: 01256 315000



Nutritional products from Abbott

Introlite, a new medical nutritional product from Abbott, is a low-osmolality, reduced-energy and reduced-protein feed with a full-strength mineral and vitamin profile.

It is particularly useful for patients when a dilute feed is required with minimum risk of contamination. Such patients would include those who are unable to tolerate a full-strength formula or who require additional fluid, protein, vitamins and minerals with lower energy requirements.

Introlite, available as a pre-filled one-litre pack, joins the Ross Ready-To-Hang range. The basic NHS price for eight one-litre packs is \$39.20.

Pulmocare, a higher-fat, lower-carbohydrate feed, designed for patients with compromised respiratory function, is now available in a Ready-To-Hang presentation. The basic NHS price for eight one-litre packs is \$74.88.

Abbott Laboratories Ltd. Tel: 01628 773355.

MEDICAL MATTERS

Call to limit paracetamol pack size to 25

Oxford psychiatrists are calling for a maximum size for paracetamol tablet packs of 25 in January's *British Journal of Psychiatry*.

Research on 80 patients admitted to hospital with paracetamol overdose revealed that 37 per cent would have taken a smaller overdose, or none at all, if the pack sizes had been smaller.

Making the drug Prescription

Only would prevent 35 per cent from overdosing, although 20 per cent would still go ahead and a further 40 per cent said they would use an alternative drug or means of self-harm. However, the authors point out that a POM move would also limit paracetamol's analgesic use.

They conclude that the most pragmatic option is to restrict

pack sizes to a maximum of 25 tablets for paracetamol, and other similar preparations, to limit the risk of overdose.

But the director of the Paracetamol Information Centre, Dr Geoffrey Brandon, has his doubts. "At the end of the day, you have a move that may not save any lives at all, but will inconvenience millions of users."

While not arguing with the report's findings, he believes smaller packs will not deter would-be suicides and adds that for patients using the drug as an analgesic it would require them to buy more packs at a greater cost.

"That may drive people to the doctor to get a prescription instead," says Dr Brandon.

Going Dutch with tea tree oil

Beauty HQ has been set up to distribute a new range for Dutch company Flores Natural Cosmetics.

Called simply Tea Tree, the skin care range comprises ten lines in packs of three: balm (30ml, \$7.45); cleansing lotion (150ml, \$6.45); day cream (50ml, \$7.95); night cream (50ml, \$7.95); hand & body cream (50ml, \$7.45); foot cream (50ml, \$7.95); wash gel (150ml, \$6.45); shampoo (150ml, \$5.95); spray (100ml, \$6.45) and treatment stick (5g, \$3.95).

Tea tree oil is an essential oil with a well documented history in the treatment of problem skin. It is



recommended for the treatment of a variety of skin ailments, including acne, sunburn, spots, minor cuts and grazes, insect bites and cold sores.

Beauty HQ is offering an opening parcel of

three of each product for \$112.86 (ex VAT). This also includes three free tea tree balms, 100 tea tree information leaflets and a counter display plus tester unit. **Beauty HQ Ltd. Tel: 01734 861500.**

Pump up the volume with Lotil

Lotil is currently available in a free 250ml pump-action sampler bottle.

Fenton Pharmaceuticals has developed the merchandising unit to allow customers to try Lotil Original Formula Cream. The move supports a publicity campaign taking place in the national press and women's interest magazines.

Chemist Brokers says special deals available with the merchandising unit can be arranged with sales representatives.

Chemist Brokers. Tel: 01705 219900.



Unichem's February promotions

Unichem is offering independent pharmacies the following special offers throughout February:

- Belle Colour - three for two, retail offer price £7.58, saving £3.79
- Bodymist - three for two, retail offer price £2.98, saving £1.49
- Aquafresh - price cut, retail offer price £0.59,

saving £0.26

- Farley's Rusks 9s - price cut, retail offer price £0.75, saving £0.14
- Colorants - 20 per cent off all leading colorants with window bills and point of sale material
- Huggies Nappies - retail offer price £5.65, saving £0.34.

Unichem plc. Tel: 0181 391 2323.

SMA Nutrition's will of iron

SMA Nutrition has reprinted its leaflet 'Iron - a nutritional guide for babies from six months'. Advice includes how to create a balanced diet. Free copies from: **SMA Nutrition, Customer Service Department, Huntercombe Lane South, Taplow, Maidenhead, Berkshire SL6 0PH. Tel: 01628 660633.**

Let your eyes Rome over Brolene

Pharmacists have a chance to win a trip to Rome in a competition organised by Brolene.

The first prize is a four-day trip to Rome for two, with 25 second prizes of Olympic cameras and 250 disposable cameras for runners-up.

Details of the competition, which will test pharmacists' disease identification skills, are available from Rhone-Poulenc Rorer representatives.

The company says the competition is one way of thanking pharmacists for supporting sales of

Sunny Vantage

Vantage is already looking ahead to summer with an early promotion on its sun preps range.

The full range, which is available in outers of six (except for the lip balm, which comes in 12s) is discounted by 12.5 per cent on four outers of any variant and by 15 per cent on one outer of each product through AAH representatives.

● Discounts of up to 25 per cent are available on three ranges of Vantage lines until the end of the month on: Vantage Evening Prinrose Oil (500mg and 1,000mg) and Starflower Oil capsules (250mg). Discounts of 17.5 per cent apply to Vantage Soft Coloured Tissues and Soft White Tissues.

AAH Pharmaceuticals Ltd. Tel: 01928 717070.

Piriton Allergy tablets

Allen & Hanburys is introducing an OTC-specific pack of Piriton 4mg tablets under the trade name Piriton Allergy tablets (30, \$1.99).

Although the price and content are identical to the current Piriton tablets, the Allergy tablets cannot be prescribed.

Allen & Hanburys Ltd. Tel: 0181 990 9888.

To restore a woman's balance ...



Agnolyt is being launched in the UK as a traditional natural remedy for women.

The tincture of Vitex agnus castus is licensed to relieve occasional bloatedness and restore normal fluid balance in women, without having a diuretic effect.

Due to its corpus luteum hormone-like effect, the product should not be used during pregnancy or when breastfeeding, or if taking hormonal preparations, such as oral contraceptives or HRT.

Agnolyt is a GSL medicine and is seen as a self-treatment product. It will be sold primarily through pharmacies, retailing at £4.45 for 50ml.

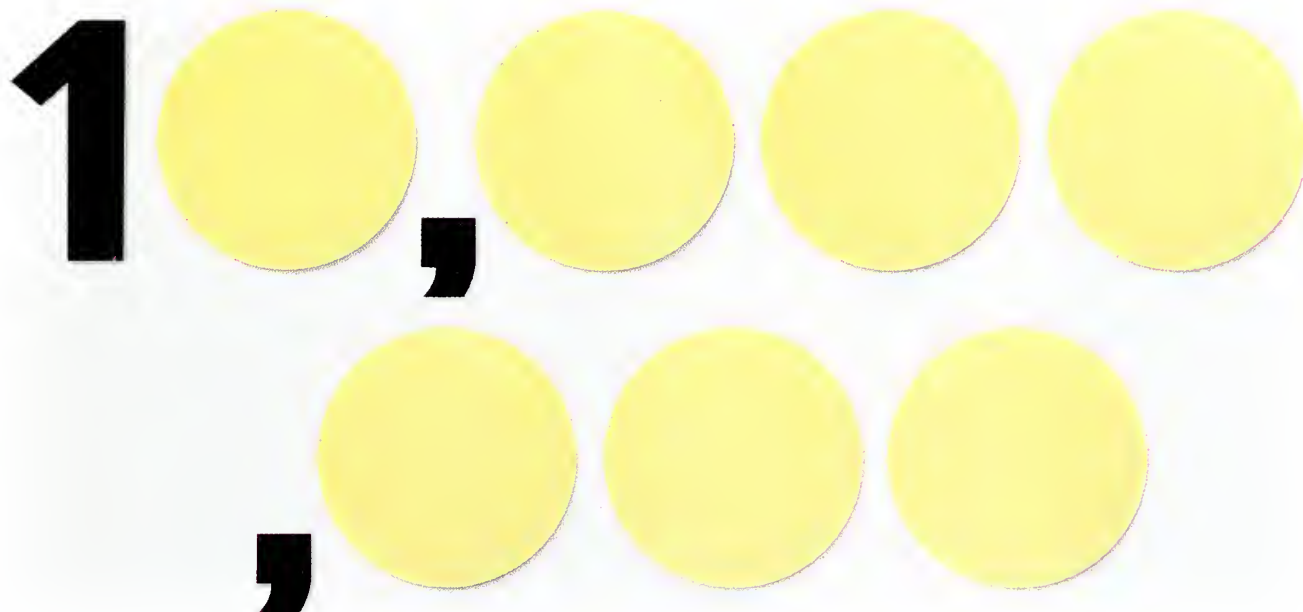
It will be supported by press ads. Free POS leaflets are available. **Natural Touch Ltd. Tel: 01705 791799.**

Chemist Broker's deals

Chemist Brokers is to handle the distribution of Johnson & Johnson's Suncare System (featuring ten skus) and Lichtwer Pharma's Kwai, Triomar, Kira and Ginkyo Concentrated. **Chemist Brokers Ltd. Tel: 01705 219900.**



Brolene over the past year and making it the leading pharmacy brand for eye infections. **Rhone-Poulenc Rorer Ltd. Tel: 01323 534000.**

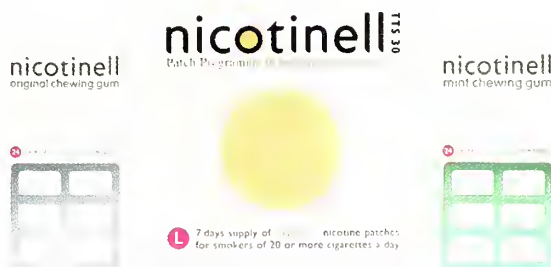


With this many smokers in Britain wanting to quit, we'll make sure your sales light up.

And how will we hook them? Firstly, by launching a massive £4.5 million ad campaign to teach smokers how Nicotinell patches work. Which means doubts about the relative harm from nicotine should go up in smoke. Secondly, by introducing a brand new, great tasting Nicotinell gum. And thirdly, by helping you to help

your customers, with POS material and product information guides. We're already brand leaders with

59% of the patch market, and this new drive will leave the competition fuming. So make sure you're well stocked up with packs of Nicotinell Patches and Nicotinell Gum. You'll be amazed how many you get through.



PRESENTATION Transdermal Therapeutic System containing nicotine, available in three sizes (30, 20 and 10cm²) releasing 21mg, 14mg and 7mg of nicotine respectively over 24 hours. Nicotine chewing gum containing 2mg nicotine, in original and mint flavour. **INDICATION** Treatment of nicotine dependence, as an aid to smoking cessation. **DOSEAGE:** Stop smoking completely when starting treatment. **PATCH:** For those smoking more than 20 cigarettes a day, treatment should be started with NICOTINELL TTS 30 once daily. Those smoking less should start with NICOTINELL TTS 20 once daily. Sizes 30, 20 and 10cm² permit gradual withdrawal of nicotine replacement, using treatment periods of 3-4 weeks with each size. Doses above 30cm² have not been evaluated. The treatment is designed to be used continuously for three months, but not beyond. However, if still smoking at the end of the three month period, further treatment may be recommended following a re-evaluation of the patient's motivation. **GUM:** One piece of gum to be chewed when the user feels the urge to smoke. Normally, 8-12 pieces per day, up to a maximum of 15 pieces per day. After 3 months, the user should gradually cut down the number of pieces chewed. **CONTRAINDICATIONS:** Non smokers, occasional smokers, children under 18 years. As with smoking, NICOTINELL is contraindicated during acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, recent cerebrovascular accident, pregnancy and breast feeding, skin diseases preventing patch application and known hypersensitivity to nicotine. **PRECAUTIONS:** Hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, renal or hepatic impairment, peptic ulcer. Persistent skin reaction to the patch. **KEEP OUT OF THE REACH OF CHILDREN AT ALL TIMES.** **SIDE EFFECTS:** Smoking cessation causes many withdrawal symptoms. Events which may be related to smoking cessation include headache, sleep disturbances, gastro-intestinal disturbances, and myalgia. **NICOTINE PATCHES:** Most common adverse effects are reactions at the application site (usually erythema or pruritus). **NICOTINE GUM:** May cause throat irritation, hiccuping, minor indigestion or heartburn. **LEGAL CATEGORY:** P. PACKS: NICOTINELL TTS 10 (P0001/0173) in packs of seven patches, trade price £8.21, retail price £14.47. NICOTINELL TTS 20 (P0001/0174) in packs of seven patches, trade price £8.64, retail price £15.23. NICOTINELL TTS 30 (P0001/0175) in packs of seven patches, trade price £9.07, retail price £15.99. NICOTINELL Original Chewing Gum 2mg (P0001/0195) and NICOTINELL Mint Chewing Gum 2mg (P0001/0197) in packs of 24, trade price £2.57, retail price £4.50, and packs of 96, trade price £7.70, retail price £13.50. ® denotes registered trademark. **PL. HOLDER:** Ciba-Geigy plc, Macclesfield SK10 2NX. Further information is available from Zyma Healthcare, Holmwood RH5 4NU. **DATE OF PREPARATION:** October 1995. 1294/655

Choice of treatment for

The protocol for advice and recommendation on treatments for vaginal thrush sufferers has been rewritten following the recent over-the-counter launch of Diflucan* One

As a unique, single-capsule oral treatment for vaginal thrush, the launch of Diflucan One means there is now a revolutionary new OTC therapy that pharmacists can recommend for those sufferers of vaginal thrush who wish to self-medicate for this condition.

The benefits

Diflucan One is a single 150mg capsule of fluconazole and this is the complete course of treatment for thrush. It is taken by mouth with a drink of water (with or without food).

Treatment of vaginal thrush with Diflucan One has a number of benefits over conventional topical therapies:

- the single-dose oral treatment is very convenient
- it is not messy like traditional creams and pessaries
- it can be taken immediately symptoms are recognised
- it gives rapid symptom relief for the majority of women – it starts to work after two hours and gives complete relief after two days compared to three days for clotrimazole (200mg x three pessaries)¹
- it has few, minor side-effects.

Women have a very favourable attitude to the



concept of an oral treatment for vaginal thrush. Preference among patients is clearly in

favour of the oral therapy – the main reasons for preference being the convenience and the

option of being able to start treatment straightaway.

Clinical trials show that treatment of vaginal thrush with a single oral dose of fluconazole is more effective in the long-term, relieves symptoms more rapidly and is as well tolerated as treatment with intra-vaginal clotrimazole¹.

In summary, Diflucan One is fast to access, fast to take, fast to act and fast to give complete relief from vaginal thrush. It retails at £12.50 with an msp of £7.12.

Treating vaginal thrush

The protocol below should be followed before giving advice or recommending a product to a patient suffering from vaginal thrush.

The patient should then be asked whether she would prefer an oral or topical treatment, and

Continue

Person asking for advice/treatment

Over 16 years

Under 60 years

Itching of the vulval area

Soreness

Irritation

Discharge: white, creamy, odourless or no abnormal fluid

Has had problem before

Washing or bathing

Home remedies

No

No

WWHAM questions

Who is the sufferer?

What are the symptoms?

How long have the symptoms been present?

Has any Action been taken?

Is any other Medication being used? (other than the Pill)

Allergic to any antifungals or other treatments for vaginal thrush?

Refer

Sufferer not present

Any possibility that the sufferer is pregnant

Breastfeeding

Under 16 years

Over 60 years

Discharge with unusual colour or smell

Abnormal or irregular bleeding, or bloodstained discharge

Vaginal or vulval sores or blisters

Pain in the lower abdomen

Burning on passing urine

This is her first attack

She has had more than two attacks in the past six months

OTC or prescription medicine has given no improvement within seven days

Yes

Yes

vaginal thrush sufferers

then be recommended either a capsule – to be taken by mouth – or vaginal pessaries or vaginal creams with applicator.

Pharmacy support

"We are investing heavily in support for pharmacists to ensure they are informed that Diflucan One is the best product for treatment of vaginal thrush," comments Malcolm Phillips, marketing director of Pfizer Consumer Healthcare, which has launched Diflucan One. "It is well tolerated and effective and has advantages in use that thrush sufferers value highly."

A major pharmacy support programme for Diflucan One has been launched and every pharmacy in the UK has been sent the following:

- a new protocol for both oral and intra-vaginal therapy
- training literature for both pharmacists and pharmacy assistants
- consumer information leaflets.

The full pharmacy support package, including point of sale material, is available from the Pfizer Consumer Healthcare sales force.

POM heritage

Diflucan One is the OTC version of the oral anti-fungal fluconazole. Fluconazole has been available since 1988 as Diflucan 150 for the treatment of vaginal thrush and has a strong heritage as a prescription-only medicine.

Fluconazole is the world's leading systemic anti-fungal and works by inhibiting the growth of many fungi, including *candida albicans*, the yeast which causes the majority of thrush. As a prescription medicine, Diflucan 150mg has proved to be effective, very well tolerated and highly acceptable to patients.

Sufferers with experience of oral therapy for vaginal thrush rate it higher on both efficacy



and satisfaction in use compared with their experience of intra-vaginal thrush treatments².

Thrush Advice Bureau

The launch of Diflucan One is being supported by a £2 million marketing programme incorporating full consumer advertising and public relations campaigns and establishing the Thrush Advice Bureau.

Pfizer Consumer Healthcare has provided an educational grant to set up the Thrush Advice Bureau. A 'helpline' number is being widely publicised, offering consumers a more discreet way to obtain information on thrush.

In addition, a comprehensive booklet, entitled 'One-to-One – A guide to understanding thrush', written by Dr Angela Robinson, a leading consultant in genito-urinary medicine, is available to answer consumer enquiries. Detailed fact sheets covering more specific information on thrush and other

vaginal infections are also available.

For further information on Diflucan One, or any other products within the Pfizer Consumer Healthcare portfolio, please contact:
Pfizer Consumer Healthcare,
Wilsom Road, Alton,
Hampshire GU34 2TJ or
telephone 01304
615936/615909.

Patients requiring further information on thrush and Diflucan One should send a stamped, addressed envelope to the:

Thrush Advice Bureau,
PO Box 8762,
London SW7 4ZD.
Telephone helpline: 0171 285 5520.

References

- 1 'A comparison of single-dose oral fluconazole with three-day intra-vaginal clotrimazole in the treatment of vaginal candidiasis'. Report of an international multi-centre trial. *British Journal of Obstetrics*

and Gynaecology. 1989, 96; 226-232.

2 Data on file: Pfizer Consumer Healthcare

* 1M

Abbreviated product information

Presentation: capsule containing 150mg fluconazole. **Indication and dosage:** vaginal candidiasis – adults (16-60 years); single oral 150mg dose. **Contra-indications:** hypersensitivity to fluconazole or related azoles, pregnancy and women of childbearing potential unless adequate contraception is employed. **Warnings:** lactation: not recommended. **Drug interactions:** anticoagulants, cyclosporin, oral sulphonylureas, phenytoin, rifampicin and theophylline. **Side-effects:** nausea, abdominal discomfort, diarrhoea, flatulence and rarely anaphylaxis. **Legal category:** P. **Package quantity and cost price:** 150mg capsule, pack of one, £7.12 (PL 1906/0017). **Product licence holder:** Pfizer Consumer Healthcare, Wilsom Road, Alton, Hampshire GU34 2TJ. **Date of preparation:** November, 1995.

Spectacular mink

Spectacular Cosmetics' latest fashion shade is mink, a soft subtle beige crossed with bronze. It retails at £1.20.

Spectacular Cosmetics.
Tel: 0181 900 1515.

Wake up with Konica

Konica UK is spending £1 million in a sponsoring and advertising deal with the breakfast television company GMTV. The early morning programmes 'Holiday Snaps', 'Fun in the Sun' and 'Around the World' will be introduced by a 7.5-second sequence designed to identify Konica as the sponsor. The advertising campaign will run from May to August.

Konica UK. Tel: 0181 751 6121.

Variety is the spice ...

Langdale's Essence of Cinnamon and Tablets have new owners. With immediate effect, W C Lea has responsibility for the products. Customers should contact:

W C Lea Ltd. Tel: 01924 465714.

P&G backs Pantene with £8m

Procter & Gamble is relaunching its market-leading shampoo, Pantene Pro-V, with a new formulation which the company is heralding as a "major innovation" in hair care.

To be launched in February, the new shampoo promises to deliver hair that "feels as good as it looks" – a proposition which extends the 'healthy hair' concept pioneered by the brand. The formulation uses a new mild cleansing system.

A support spend of \$8 million will include new TV advertising, as well as a sampling campaign (comprising a three-sachet pack) which is set to target 80 per cent of the population!

New POS material is available featuring a showcard which depicts 'Darren and Hannah', two models designed to bring a more personable feel to the brand. In the past, it has seemed quite "cold", says P&G.

An on-pack money-



back guarantee offer is set to run in February to further stimulate trial of the new enhanced

formulation.
Procter & Gamble (Health & Beauty Care) Ltd. Tel: 01932 896000.

Finding the right foundation

A new protective care foundation will join Rimmel's other recently-improved and repackaged facial formulas in February. There are new trial-size packs, too.

Suitable for all skin types, Protective Care Foundation gives medium to light coverage, has a sun protection factor of 15 and is fragrance-free. Available in five shades, the 30ml size will cost \$2.49.

Other reformulations include Complete Matte and Cover Silk Make-up, together with new shades. Both these will retail at \$2.29 for 30ml.

Colour Corrector, at \$2.49 for 30ml, has also been upgraded, and all products now come in packaging with modern graphics.

Trial sizes of 15ml will be available for \$0.79 in the Protective Care Foundation and Complete Matte and Cover Silk Make-ups.
Rimmel International Ltd. Tel: 01233 625076.

**ONLY ONE COLD REMEDY HAS NUROFEN IN IT.
BUT THEN YOU ONLY NEED TO RECOMMEND ONE.**

PRODUCT INFORMATION: Nurofen Cold & Flu: each tablet contains 200mg Ibuprofen BP and 30mg Pseudoephedrine Hydrochloride. **Indications.** Effective in the relief of symptoms of cold and flu with congestion, such as aches and pains, headache and feverishness, sore throats, sinusitis and blocked noses. **Dosage and Administration** Adults and children over 12 years: Initial dose 2 tablets taken with water, then if necessary 1 or 2 tablets every 4 hours. Do not exceed 6 tablets in any 24 hours. **Precautions and Warnings.** Nurofen Cold & Flu should be avoided by patients with a stomach ulcer or other stomach disorder. Asthmatics, anyone allergic to aspirin, anyone receiving

Cool blue Colgate Plax



Colgate-Palmolive is introducing a blue variant for Colgate Plax.

The blue cool mint formula replaces Actibrush Blue and will be available from January 22. The new colour joins the original (red) and soft mint (green) variants.

The products are

available in 250ml and 500ml pack sizes with recommended selling prices of \$2.09 and \$3.29 respectively.

● Plax is currently the only mouthrinse to gain accreditation from the British Dental Association.

Colgate-Palmolive Ltd.
Tel: 01483 302222.

Phenomanail makes its debut

Forsythe Cosmetics is introducing a new fast-drying base coat, Phenomanail Ultra-Adhesive Basecoat.

Retailing at \$6.95, the

formulation uses acrylic polymers. These help bond the colour to the nail's contours.

Forsythe Cosmetics. Tel:
0171 266 2247.

Luscious lips with Rimmel

Rimmel Silks has upgraded the formulation of its Aqua Silk lipsticks.

The new formula now includes a sunblock and the moisturiser ceramide, which was formerly only available in premium brands.

The number of shades in the Aqua Silk line has also doubled to ten. The original five are now accompanied by coffee mist, blush mist and claret mist.

To promote the launch in March, Rimmel Silks is running a national press advertising campaign and is offering \$1.00 off the normal rrp.

Rimmel International Ltd.
Tel: 01233 625076.

Colgate's magical brushwork

Colgate-Palmolive is running its 'brushing that works between brushing' advertisement again.

The ad airs from January 22 in a three-week campaign.

Cyclax prepacks

Cyclax lotions are being offered in three promotional prepacks.

The price of Cyclax Moistura Skin Conditioning Lotion is to be reduced by \$0.50 to \$2.49 for the 400ml size and is available in a prepack of 24.

There will also be special 125ml trial-size bottles of the lotion available at a suggested recommended retail price of \$0.99. The prepack contains 36 units.

Cyclax Moistura Super Rich Moisturising Lotion will sell at \$2.50 for the 100ml size. This is a reduction of 20 per cent on the normal rrp. The 24 units come with a merchandiser.

International Classic Brands. Tel: 0181 579 6060.

Polly's portables pilot

Pretty Polly is conducting a pilot trial for a hand-held ordering system. The portable terminals have been developed with ACS data. Pretty Polly hopes their use will reduce paperwork, and increase the speed and accuracy of processing orders.

Pretty Polly Ltd. Tel: 01623 552500.

Beene back

Geoffrey Beene Parfums has a new UK distributor and will be re-introducing the male fragrance Grey Flannel at the beginning of March.

The PR Workshop. Tel:
01444 415439.

Stretch freebie

Customers buying any shade of Stretch Mascara will be entitled to receive a free 25ml sachet of Deep Moisturising Treatment from Pantene Pro-V Intensives (normally £0.99). The offer runs for eight weeks from February.

Procter & Gamble (Cosmetic & Fragrances) Ltd. Tel: 01932 896000.



The reasons why Nurofen Cold & Flu cuts through the misery of cold and flu are easy to see.

Nurofen's reputation for anti-inflammatory, analgesic and antipyretic action.

Pseudoephedrine's decongestant efficacy.

Together, they make Nurofen Cold & Flu more effective than a paracetamol-based combination in the relief of sinusitis (after 3 hours), blocked nose and congestion¹.

Also Nurofen provides greater and longer-lasting relief of fever than paracetamol², and is more effective against sore throats³ and headaches⁴.

That means you now need only one recommendation for colds and flu: Nurofen Cold & Flu.

ADVANCED RELIEF

For a free reprint of this information, please contact Crookes Healthcare Ltd, PO Box 57, Nottingham NG7 2LJ.

Versace's gone Blonde

Blonde, the new fragrance from Italian designer Gianni Versace, is to make its UK debut in Harvey Nichols (and Versace boutiques) in March – but won't roll out to other stores until May.

Dedicated to the designer's sister, Donatella, the floral fragrance has a dominant note of tuberose, accompanied by notes of neroli and violet leaves. Heart notes are jasmine, orange flower, broom and daffodil, while base notes are iris and tuberose again.

The perfume bottle is decorated with a golden etching of the Medusa

head, the essence of the 'fatal beauty'.

Cartons are baroque foulard (the colour dependent on the strength of the perfume within), with the Medusa head again embossed on the centre.

Two special presentations will be available in the form of oval purse sprays fashioned like a Fabergé egg (10ml eau de parfum, £31, and 30ml eau de toilette, £26).

The rest of the range comprises: parfum (15ml, £95) and eau de toilette (50ml, £35; 50ml vapo, £38; and 100ml, £54).

Aspects Beauty Company.
Tel: 01273 400085.

ON TV NEXT WEEK

Asilone: CAR, C, G, BTV

Alberto Hot Oil: CAR, LWT, C, STV, HTV, M, A, W, G, C4

Benylin Coughs: All areas except GTV, STV, HTV, GMTV

Buttercup: All areas except U, CTV

Canderel: U, STV, Y, HTV, W, TT

Colgate Total Toothpaste: All areas

Duracell: All areas

Halls Mentho-Lyptus: All areas

Ibuleve: G, B, Y, TT

Imodium: All areas

Johnson's Baby Shampoo: All areas

Karvol: All areas

Lemsip Power Plus: All areas except U, CTV

Listerine: C, A, M, CAR, C4

Meltus: CAR, C, G, B, STV, Y, TT

Migraleve: All areas except U, CTV & GMTV

Mucron: CAR

Nurofen Cold & Flu: All areas

Nytol: All areas

Otrivine: Y, TT, G, B

Radian B: All areas

Seven Seas Cod Liver Oil: C4

Strepsils Dual Action/Strepsils: All areas

TCP: All areas except U, CTV & GMTV

Tixylix: C4

Tyrozets: STV, B, G, Y, HTV, TT, C4, GMTV

Vicks Ultra Chloraseptic: All areas

Wash & Go: All areas

GTV Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

As clear as glass for Strepsils Dual Action



Crookes is promoting Strepsils and Strepsils Dual Action in a nationwide prime time television campaign that will last until March.

The Strepsils Dual Action advertisement promotes the product's ability to numb pain and treat infection. A glass man's throat turns from red to blue, while a push-button panel is pressed, representing the anaesthetic and anti-bacterial ingredients being added together.

The phrase 'only from your pharmacist' emphasises the P nature of the product.

Crookes hopes 95 per cent of sore throat sufferers will see the advertisements.

As part of the \$4 million spend on the Strepsils name, the company is also running its award-winning Strepsils 'apple' commercial throughout the peak season.

Crookes Healthcare Ltd.
Tel: 0115 9507431.

Maws adds wide-necks

Maws is adding two 300ml wide-necked bottles to its baby feeding accessory range at the end of January.

Made from polycarbonate, the bottles come in two primary colour designs – cartwheeling clowns, and boy and girl teddies.

Priced at \$2.75, each bottle comes with a medium-flow, wide-necked silicone teat. Replacement twin pack teats (\$1.75) are available in three flow rates.

Two new 250ml character feeding bottles will replace existing designs. Available as a twin set at \$3.39 or individually at \$1.95, they are decorated with a penguin or a bunny, and come with either mint or pale blue locking rings and tops.

Maws Group Ltd. Tel:
01438 355500.

Bassett's Jelly Baby blitz

Bassett's Jelly Babies children's vitamins will appear in a two-month advertising campaign from February.

Ernest Jackson will be promoting the brand with the strapline 'Now they'll love to take their vitamins!' in women's magazines that have a strong family bias, like Prima and She.

The one-page, full-colour advertisements depict children at play.
Ernest Jackson & Co Ltd.
Tel: 01363 772251.

Bag a bag from Ralph Lauren

In February, Parfums Ralph Lauren is offering a Polo Hampton Bag as a special gift with purchase.

The sturdy bag is made from canvas and has two front accessory pockets.

It comes free with the

Fragrant offers on classic lines

International Classic Brands is running a series of promotions for its Carven and Worth fragrances until the end of March.

Carven's Ma Griffe, Worth's Je Reviens and Worth Pour Homme, under the banner 'La Societe des Parfumeurs de Paris', are included in special prepacks.

Ma Griffe and Je Reviens 30ml eau de toilette will retail at £5.95, saving £3.95 on the normal recommended retail price of \$9.50. The prepack contains 30 spray units, a merchandiser and testers of the two fragrances.

The bath and shower gel and body lotion products have also been reduced to \$4.95 each. When customers buy one of these, they will have the choice of a complimentary Ma Griffe or Je Reviens 75ml deodorant body spray. These normally retail at \$1.69 each.

The prepack includes 12 each of the Je Reviens gel and lotion, 24 body sprays, six each of the Ma Griffe gel and lotions, 12 body sprays and the merchandiser.

Ma Griffe and Je Reviens talcs will retail at \$1.99, compared to the normal rrp of \$5.25 each. The prepack comes with 30 units.

The price of Worth Pour Homme 100ml eau de toilette spray drops from \$15.95 to \$7.95, and will come with a free Worth Pour Homme fragrance stick. The prepack contains 12 units of the spray, with the deodorant stick attached.

● Ma Griffe is celebrating its 50th anniversary in 1996.

International Classic Brands. Tel 0181 579 0606.

purchase of either the Polo or Polo Crest eau de toilette 50ml spray (which retails around \$27.50).

The promotion runs from February 19.
Prestige & Collections Ltd. Tel: 0181 979 6699.

POWER TO THE PEOPLE

With our biggest National Press Campaign ever the power of Olbas will be on the lips of customers everywhere. This winter and spring Olbas advertising spans all the major National Newspapers with new separate colour advertisements for Olbas Oil and Olbas Pastilles spending over £650,000. And that's not all, we're following up our successful television campaign with spots through January and February in the Central region.



As inhalant brand leader Olbas is the peoples favourite, its proven sales ability means it should be yours, too.

So get stocked up through Dendron (Tel: 01923 229251) or your local wholesaler

THE POWER TO BREATHE THE POWER TO SELL



LEADERS IN NATURAL HEALTHCARE



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1. Data on file.

2. Henningfield JE. Nicotine medications for smoking cessation.
N Eng J Med, 1995, Vol 333, No 18, 1196-1203.

PHARMACYupdate

Chase the ACE

An in-depth look at the clinical uses of ACE inhibitors /



Practice research

A guide to practice research – with funding options revealed IV

Research Digest

Do patients recall their medication history? Steve Chaplin reveals all VI

The ACE of hearts

Angiotensin converting enzyme inhibitors have become one of the most commonly used classes of cardiovascular drugs. Dr Terry Maguire, community pharmacist and part-time senior lecturer in pharmacy practice at the Queen's University of Belfast, gives a clinical overview

There are currently ten angiotensin converting enzyme inhibitors licensed in the UK, but most of the newer drugs appear to offer no advantage over the earlier drugs, captopril, enalapril and lisinopril.

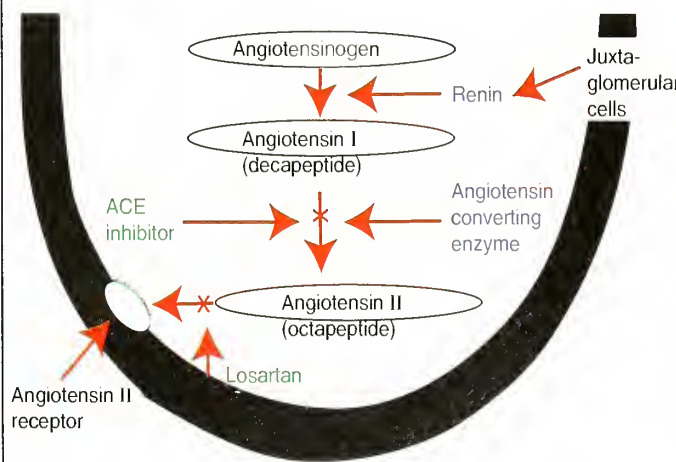
Differences between ACE inhibitors are more to do with pharmacokinetic issues, such as half-life and excretion, than with safety or efficacy.

The *Drug and Therapeutics Bulletin* has suggested that captopril, enalapril and lisinopril are sufficient for all the indications of the ACE inhibitors and there appears to be good supporting evidence for this comment.

The main indications for ACE inhibitors are in the management of heart failure and hypertension.

Increasingly, ACE inhibitors are being regarded as first-line therapy in some hypertensive patients and, with accumulating clinical experience of these drugs, there has been an extension of their indications to cover the management of diabetic nephropathy and the post-myocardial infarction patient.

Cross section of kidney arteriole



The drug safety profile of ACE inhibitors is good and, when used properly, they provide a positive contribution to improving symptom control and prolonging life in a number of vascular diseases.


The new, related drug group – the angiotensin II receptor antagonists – had its first drug, losartan, launched in 1995.

Mode of action

The renin-angiotensin-aldosterone system (RAAS) has been identified as an

important hormonal pathway contributing to the regulation of cardiovascular homeostasis and sodium balance in normal and hypertensive subjects. A similarly important role has been suggested for RAA in chronic congestive heart failure.

Renin, a proteolytic enzyme, is released from the kidney's juxtaglomerular cells in response to falling blood volume and salt depletion. The enzyme acts on circulating angiotensinogen (a globulin) to produce a deca-



THE COLLEGE OF PHARMACY PRACTICE

THIS ARTICLE, IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D*, FEBRUARY 9, PROVIDES 1 HOUR OF CONTINUOUS EDUCATION CREDIT

OBJECTIVES

- To summarise the clinical impact of the renin-angiotensin-aldosterone system
- To consider the impact of ACE inhibitors on this system
- To examine the clinical indications for ACE inhibitor use
- To highlight differences and cost concerns within the class
- To consider the side-effects and contra-indications of ACE inhibitors

peptide, angiotensin I, which has little biological activity.

Further cleavage by angiotensin converting enzyme (ACE) forms the biologically active octapeptide, angiotensin II, one of the most potent vasoconstrictors known. ACE has a wide tissue distribution but is found mainly in the lungs.

Angiotensin II is short-acting and is degraded by a number of peptidases known as angiotensinases.

ACE inhibitors inhibit the activity of ACE, reducing the production of angiotensin II and therefore its activity.

In addition to converting angiotensin I to angiotensin II,

Continued on P11 ►

◀ Continued from PI

this enzyme is also responsible for the degradation of bradykinin to inactive peptide. Since bradykinin is a potent vasodilator, ACE inhibitors effectively neutralise the vasoconstrictor effect of ACE.

ACE inhibitors also influence the plasma levels of aldosterone and thereby reduce sodium and water retention, which also achieves an antihypertensive effect.

Losartan is a specific angiotensin II receptor antagonist which has properties similar to those of the ACE inhibitors.

However, unlike ACE inhibitors, it does not inhibit the breakdown of bradykinin and other kinins, and thus does not appear to cause the persistent dry cough which commonly complicates ACE inhibitor therapy.

It is therefore an alternative for patients who have to discontinue an ACE inhibitor because of persistent cough problems.

Indications

● Hypertension

ACE inhibitors are known to be effective in treating hypertension, whether used alone or in combination with other drugs.

All ACE inhibitors produce an equivalent reduction in BP at recommended daily doses. Around 50 per cent of all hypertensive patients have a satisfactory response to ACE inhibitors as monotherapy. Combination therapy with a diuretic or calcium antagonist can increase efficacy to 80 per cent. Moexipril, aimed at treating hypertension in postmenopausal women, has just been launched.

ACE inhibitors are associated with regression of left ventricular hypertrophy secondary to hypertension. This is also seen with beta-blockers and methyl dopa.

However, unlike thiazides and beta-blockers, the effect of ACE inhibitors on long-term morbidity and mortality is as yet unknown.

The guidelines for ACE inhibitors recommend them as first-line antihypertensive agents in patients who have co-existing diseases, such as asthma, diabetes, heart failure or gout, in whom other classes of antihypertensives are unacceptable.

Their routine use in uncomplicated hypertension is debatable and there is no evidence that ACE inhibitors are superior to diuretics or

ACE/ARA inhibitors licensed in the UK

Drugs	Brand name	Maintenance dose	Cost per month
Captopril	Capoten	25mg bd/tds	£12.03/£18.05
	Acepril	25mg bd/tds	£12.03/£18.05
Cilazapril	Vasace	1-2.5mg od	£7.06/£10.67
Enalapril	Innovace	10-20mg od	£11.03/£13.10
Fosinopril	Staril	10/20/40mg od	£12.04/£13/£16
Lisinopril	Carace	10-20mg od	£11.83/£13.38
	Zestril	10-20mg od	£11.83/£13.38
Moexipril	Perdix	15-30mg od	£9.80/£19.60
Perindopril	Coversyl	4mg od	£13.65
Quinapril	Accupro	10-20mg od	£10.07/£9.79
Ramipril	Tritace	2.5-5mg od	£7.51/£9.55
Trandolapril	Gopten	1-2mg od	£10.33/£12.28
	Odrik	1-2mg od	£10.34/£12.29
Losartan	Cozaar	50mg od	£17.23

beta-blockers to justify their greater expense.

● Heart failure

All ACE inhibitors will cause a reduction in cardiac output and a reduction in left ventricular mass. The latter has been shown to be more significant for enalapril.

ACE inhibitors represent a significant advance in the treatment of heart failure and are proven to reduce symptoms and improve prognosis. ACE inhibitors can decrease after-load by interfering with angiotensin II-mediated vasoconstriction.

ACE inhibitors' ability to reduce the secretion of aldosterone produces a reduction in preload, decreasing intravascular volume and symptoms of pulmonary vascular congestion. In short, ACE inhibitors decrease the progression of heart failure.

In most cases of mild to moderate heart failure, treatment can be initiated and managed in general practice. Heart failure is first stabilised with a thiazide diuretic followed by an ACE inhibitor.

Patients should be initially put on a low dose of ACE inhibitor and, if the patient is taking a diuretic, the diuretic may be stopped for 24 hours beforehand to avoid the risk of first-dose hypotension. The dose should be gradually increased until control is obtained. Once the patient is stabilised it may be possible to reduce or discontinue the diuretic.

There is no longer any need to initiate treatment with ACE inhibitors in hospital, as the frequency and intensity of first-dose hypotension was initially exaggerated.

● Diabetic nephropathy

All ACE inhibitors affect renal blood flow but findings suggest that systemic and renal haemodynamic effects of ACE inhibitors may be drug specific, with lisinopril giving a greater increase in renal blood flow compared to

captopril and enalapril.

Captopril has been shown to have a marked effect in reducing the rate of progression to end-stage renal disease in patients with insulin dependent diabetes and is now licensed for this indication.

● Post-MI

Heart failure can develop after a heart attack, which, if not managed, can be fatal. An ACE inhibitor given within 24 hours from the MI can prevent subsequent development of left ventricular dysfunction or heart failure.

One of the major studies into the management of heart disease, the GISSI-3 study, has shown that ACE inhibitors used within 24 hours post-MI reduce overall mortality.

The ISIS-4 trial has shown that treatment of patients suffering acute MI within 24 hours and continuing treatment for one month was found to prevent around five deaths per 1,000 patients treated in the first month.

The ACE inhibitor is given along with aspirin and clot-dissolving therapy, but the duration of therapy post-MI is uncertain and currently a topic of debate. Lisinopril is licensed for use for six weeks only, but can be continued for longer if signs of cardiac failure are present. Captopril can be used indefinitely.

Side-effects

Some of the side-effects of ACE inhibitors occur from their action outside the RAA system, metabolising peptides such as neurokinins. ACE inhibition leads to an increase in bradykinins to cause a dry persistent cough that affects up to 20 per cent of patients on ACE inhibitors.

First-dose hypotension can be a problem with all ACE inhibitors and is less common in patients treated for hypertension than heart failure. Patients must be started on the lowest dose.

Impaired renal function

caused by ACE inhibitors is more common in patients with existing renal impairment. It is recommended that they are checked before and after initiating therapy to monitor renal function.

Hyperkalaemia can occur and is more likely in patients with impaired renal function or those taking potassium supplements, potassium-sparing diuretics or diuretics combined with potassium. ACE inhibitors should not be prescribed with potassium supplements or potassium-retaining diuretics because of the risk of hyperkalaemia.

Up to 7 per cent of patients taking ACE inhibitors may develop a rash, and photosensitivity and angioedema have occurred rarely.

A small number of patients taking ACE inhibitors, about 2-4 per cent, suffer from taste alteration. It occurs mostly within the first three months of therapy and takes three months to resolve on discontinuing the ACE inhibitor.

Neutropenia and hyponatraemia are rare side-effects.

Drug interactions

Hypoglycaemia may occur in diabetics as ACE inhibitors potentiate the hypoglycaemic effects of oral hypoglycaemic drugs and insulin.

The efficacy of ACE inhibitors may be reduced when taken concurrently with NSAIDs. ACE inhibitors have the potential to reduce the excretion of lithium leading to higher lithium blood levels.

Trials of ACE inhibitors post-MI have shown a tendency towards less benefit in patients who are also taking aspirin. This has led to concern that there might be an interaction between aspirin and ACE inhibitors in patients with heart failure. A study is ongoing to establish the basis for these observations.

Contra-indications

ACE inhibitors are contra-indicated during pregnancy as they are teratogenic and toxic to the foetus during the second and third trimesters.

In general, ACE inhibitors are best avoided in all patients with known or suspected renovascular disease unless BP cannot be controlled by other drugs. If they are used in these circumstances, renal function needs to be monitored with great care.

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The fund run

Pharmacy practice research and development can highlight the added value pharmacists bring to the total healthcare picture. Knowing how to present your case to ensure funding can often be a stumbling block. The National Pharmaceutical Association's regional co-ordinator for Scotland and Northern Ireland, Alison Strath, offers a handy guide

The first question community pharmacists need to ask is: why carry out research and development in the first place?

The main reason should be to develop pharmacy practice, as research enables the profession to evaluate current and new practice, and to initiate advances.

But there is also a financial incentive: the Department of Health wants value for money and pharmacy, like every

other profession, needs to show its practitioners can provide services more cost-effectively than anyone else. Pilots and projects showing the benefit from pharmacists' extended role are important in underpinning funding for new services.

Can I get funding?

Pharmacists can apply for funding individually, in small groups, or area-wide through local pharmaceutical committees. It obviously depends on the subject to be studied as to which would be the most appropriate course but, where possible, a co-ordinated team approach will herald the greatest opportunities for the profession.

The NPA recognises the difficulties faced by many individual pharmacists in responding to local tenders and bids, and have put in place a team of professional service co-ordinators to assist members. Experienced collaborators can be useful as they can have expertise in designing proposals, access to facilities and patients, and can add credibility to the funding bid.

The Pharmacy Practice Research Resource Centre has produced a pack on project development which is

a useful resource to anyone starting out.

Proposal structure

The first step is to write a proposal. This should then be shown to one or two peers for constructive criticism and any relevant changes made.

A proposal has a number of purposes (see box), but on the whole it describes why one wants to carry out a piece of research and how it is to be done. The NPA's professional development department is working on a series of draft proposals which can be adjusted locally.

In order to write a proposal it is necessary to do some background work ensuring the research aim and objectives are finalised, the method complete, the costings accurate and that there is a method for analysing the results.

It is important to consider the knowledge-base of the people considering the proposal and to keep it short, clear and interesting.

1 Identify a research topic

It is important to look at areas or services that would benefit from the research, bearing in mind the opportunities that exist in the local environment. In some cases, sources of funding will list areas or

topics that require research. The topic must offer scope for data collection and analysis.

2 Identify a 'research question'
This should be clear and simple and not something that can be answered or guessed without completing the research.

It might be necessary to use a comparison group or control to help draw conclusions at the end of the research. This may mean there are ethical implications requiring approval from the Ethical Committee.

3 Title

A title should be short, no more than 15 words, snappy and self-explanatory. The use of jargon or abbreviations should be avoided.

4 Introduction/background

This should introduce the rationale for the research question. It should briefly describe other work done in the field, collated by undertaking literature searches. It will also explain how this new work will build on existing results. It is important to emphasise the originality of the new piece of work and its relevance to those funding the research.

5 Identify the aim of the project

The research question should be re-worded into a single statement – the aim – which describes what the research will accomplish. Words that indicate the selectivity of the research and the method of measurement or evaluation should be used.

6 Aim split into separate objectives

These should not exceed five in total. The objectives should, when read in numerical order, follow a logical sequence.

7 Define the subjects

Analysis of the results may depend on recruiting a minimum acceptable number of subjects, so be honest and realistic. The subject section

Why write a proposal?

- To describe why the research is necessary
- To explain how the research is to be carried out
- To clarify thoughts and ideas
- To collect other points of view
- To identify gaps in the research design
- To secure co-operation from others and for briefing any participants
- To enable research to be considered for funding
- To structure the final report
- To serve as a reminder of the original aim
- To serve as a timetable

Possible sources

NHS Research and Development Initiatives

- Department of Health: Pharmacy Practice Research Enterprise Scheme; Community Care Development Programme
- Welsh Office: Pharmacy Practice Research Enterprise Scheme; Welsh Scheme for Development of Health and Social Services
- Scottish Office Home and Health Department: Pharmacy Practice Research Grants; Primary Care Development Fund (through local health boards)
- Local health authorities/boards: purchasing, research and development budgets; area clinical audit committees; health promotion departments
- Other Sources: RPSGB; UK Clinical Pharmacy Association; College of Pharmacy Practice; Community Services Pharmacists Group; Guild of Hospital Pharmacists; pharmaceutical industry; Nuffield Foundation; Nurofen Pain Relief Project

should be part of the method, especially if it includes details on sampling.

8 Write the method

This section will describe the method to be used to meet the aim and objectives. If there are two or more objectives, each method should be described in turn.

These do not have to be described in great detail, it is better to give an overall picture of how the project will run.

Refer to the practicalities but avoid full technical details, although it should be sufficiently detailed to allow others to replicate the work. Other items, such as questionnaires, should be placed in an appendix.

A discussion of any potential limitations should be made, together with alternative approaches if a proposed method proves unsatisfactory. Often a flow chart can be used to summarise processes.

There may be training implications and this may need to be clarified or explained. The proposed timescale of the project should be included.

It is often useful to conduct a small pilot study to iron out any problems, especially if there has been no previous work done in the chosen area.

9 Analysis of results

Take each objective and corresponding method, and explain the method of

analysis to be used to qualify and interpret the findings. This section need only be brief.

This may be an area where statistical advice and analysis may be brought in to ensure the work is evaluated correctly.

10 Resources and funding

All necessary resources required to carry out the research should be listed, including time required and human and financial input.

It is also important to provide an accurate estimate of the funding required to complete the research, like staff (locums), equipment, stationery, postage, travel expenses, meetings, training and any external evaluation.

11 Peer review of draft protocol and any changes

It is always worth asking the opinions of this first 'draft' proposal of peers (researchers and/or pharmacists) and non-pharmacists, especially if the proposal is multi-disciplinary. The proposal should then be revised accordingly.

12 Structure of the proposal

It is worth noting that some funding sources will have their own documentation and the requirements for research proposals may vary according to the source of funding.

13 Further documentation

Further information that should be supplied includes curriculum vitae of the applicants, together with a list of any publications they have been involved in and full bibliographic references.

It is also worthwhile stating how the results of the research will be disseminated. It is good practice to include an appendix at the end of the proposal detailing any questionnaires, interview schedules and a glossary of terms. Finally an acknowledgement for any technical and financial support received should be added.

Co-operation key

It is then vital to secure co-operation from others who may be involved or affected by the work. It is worthwhile getting approval from professional pharmaceutical, medical and nursing committees and other bodies like social work departments. Voluntary organisations may also be consulted, such as Help the Aged and Age Concern if, for example, the research is looking at domiciliary services or something similar. A letter of support in the appendix from

any of these bodies can add weight to the funding case.

Pharmaceutical advisers, CAPOs, pharmacy facilitators, community services pharmacists, local pharmacy practice units and the NPA's professional development department and team of professional services co-ordinators are also key people to involve, as many have a great deal of experience in project design and may also be aware of sources of funding in their individual authorities or areas.

Finally, the last step is to secure resources by applying for funding to a relevant source.

A question of timing

Often money becomes available at set times each year depending on the funding source. There is often cash left over in departmental budgets towards the end of the financial year and January can be a good time to enquire about the availability of any funding.

The study should fit in with other duties and it is worth bearing this in mind when planning the project. It is important when planning research to set a timetable with both target dates and review dates to avoid becoming side-tracked.

A project that removes the pharmacist from the premises will incur locum costs and this will, in turn, mean a far higher scale of funding than a project that can be carried out while the pharmacist is on the premises.

There are a number of sources of funding available to community pharmacists (see box above). These sources may be specific or non-specific for pharmacy-related research.

There is also a stream of money to be found in audit and health promotion and social work departments have money available through community care funds.

The key to success is in identifying areas of interest to the relevant funding body. Different approaches to acquire funding may be necessary depending on the situation. Most funding bodies will advertise for applications for funding in the health-related press and journals. Local health authority personnel, including health promotion departments, are often good contact points as they are aware of funding possibilities that are central and local. The same situation exists in social

services. Members of local audit committees will be aware of monies available in that field.

It is important to always ensure that the proposal actually meets the funder's requirements. Most funding sources have a system for considering bids which will determine if there are established needs, benefits, costs and priorities for the application. These points are worth bearing in mind when writing the proposal.

In summing up, it is worth remembering that competition is fierce and a lot of proposals are not funded first time round. A refusal does not necessarily mean the proposal is flawed, there just may be insufficient funds available for that specific area of research.

So take on board any constructive criticism and try, try again. Good luck!

Final countdown

Once the project is complete, the results need to be analysed and conclusions drawn from the findings. A written report should be produced and communicated to all participants in the project, the funding body, peers and any others who may be interested or influenced by the results. If the project is worth doing, it's worth publishing.

There are various bodies, like the RPSGB, NPA, PPRRC and the Health Education Authority National Unit for Health Promotion in Primary Care, which keep databases on all projects and are always looking for information on new projects and research that can be used to influence decision-makers.

Of course, once it's all over, there are usually new questions that have materialised from the completed piece of work. Identify one question and start all over again!

Useful contacts

- Head of Practice Research and Information Department, Royal Pharmaceutical Society. Tel: 0171 735 9141
- Head of Professional Development and Head of Information, NPA. Tel: 01727 858687
- Pharmacy Practice Research Resource Centre. Tel: 0161 275 2342/2415
- Database Manager, Health Education Authority National Unit for Health Promotion in Primary Care. Tel: 01865 225587

Total recall

Have you taken this before? is a routine question for pharmacists supplying OTC drugs and, in the absence of patient medication records, they rely on the individual to get the answer right. But, in many cases, the answer may be wrong, according to American research.

Patients registered with the Puget Sound Health Maintenance Organisation, who had been dispensed a non-steroidal anti-inflammatory drug or hormone replacement therapy, were asked what drugs they had taken in recent years and their responses were compared with their health records.

Approximately half of the 560 participants were men; the group was evenly divided between 50-65 and 66-80-year-olds; and equal proportions had stopped drug use two to three and seven to 11 years previously.

Only 41 per cent of those prescribed an NSAID once only recalled having taken it, but 85 per cent of those who had multiple NSAID scripts did so. However, less than a third could remember the name of the NSAID and only

15 per cent remembered the name and the dose. Some 78 per cent of women could remember the name of the oestrogen they took for HRT.

In general, recall was poorer with older age and

more remote drug use. More encouragingly, few respondents said they had taken medication when they had not.

American Journal of Epidemiology 1995;142:1103-12



Memory loss with NSAIDs?

Non-steroidal anti-inflammatory drugs are among those most widely taken by the elderly. Most concern about their safety focuses on their effects on the gastro-intestinal tract and kidney function, but research from the United States suggests a more subtle problem may occur.

Cognitive function, determined by testing word recall and mental status, was assessed on two occasions three years apart in 2,000 elderly residents living in the community and correlated with their use of NSAIDs.

In general, younger subjects with less chronic disease and a history of fewer hospital admissions tended to perform better in the cognitive tests. Alcohol use and smoking had no adverse effect. Morbidity was common: about 80 per cent had arthritis, 12 per cent had chronic respiratory disease and half had hypertension.

The most important predictor of a decline in cognitive function over the three-year period was poor functional status. After controlling for this and other factors, the next biggest variable was beginning treatment with high-dose NSAIDs (eg > 1,800mg/day ibuprofen) – no change between the first and second assessments was evident among those who had been taking NSAIDs from the start.

Although none of the NSAIDs was individually associated with a higher risk than others, pooling data for all propionic acid derivatives revealed a trend for these agents to have a greater adverse effect than, for example, piroxicam.

These findings support others that NSAIDs may affect cognitive function in vulnerable people. For example, there is evidence that memory and concentration improve in some elderly people when NSAIDs are withdrawn.

The authors describe this study as 'hypothesis-generating': it does not provide definitive evidence of an adverse effect, but concern is sufficient to warrant more detailed investigation. *Journal of Rheumatology* 1995;22:2142-7

Clinical guidelines – good or bad?

Treatment guidelines, which set out the diagnosis and treatment of specific conditions, are becoming more widespread and are intimately involved with clinical audit and the assessment of quality of care.

Influential professional organisations have published guidelines which, although intended for adaptation to local needs, are widely perceived as setting standards for care – a good example being the British Thoracic Society's guidelines on asthma management.

Pharmacists who want to provide advice to professionals and patients alike must be familiar with guidelines, but how popular are they among GPs?

A Lincoln GP has surveyed all doctors in the local FHSA to discover their attitudes to what can be seen as interference with clinical freedom.

Almost two-thirds of the 326 GP principals in the FHSA responded. Some 92 per cent said they had carried out clinical audit in their practice and 78 per cent said they had been involved in writing local guidelines.

In general, younger, more committed GPs (trainers or Royal College of General Practitioners' members) were more likely to have been involved.

Most respondents viewed guidelines favourably, believing that well constructed procedures would improve patient care and

could be adapted to local need. However, 44 per cent considered that guidelines produce 'cookbook' medicine and 25 per cent said they restrict clinical freedom.

One important observation from additional comments by respondents is that the GPs who are opposed to guidelines express their views strongly.

The implication of this survey for pharmacists is that they must be aware of guidelines which are widely used and popular. However, they must also be prepared to work flexibly with the substantial minority of GPs who will not welcome advice based on guidelines.

British Journal of General Practice 1995;45:643-7

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to the degree of dependence with the aim of gradual reduction. Elderly: In the case of the elderly or ill patients repeated doses should only be given with extreme caution. Children: Not recommended for children. Pain: Adults: Usual single dose, 5 to 10mg orally. Owing to its long plasma half-life, caution with repeated dosage should be observed in the very ill or elderly. The usual initial dose should be 5 to 10mg, 6 to 8 hourly, later adjusted to the degree of pain relief obtained. Elderly: Use caution with repeated dosage in elderly and ill patients. Children: Not suitable. **Contra-indications and Warnings:** Contra-indications: Hypersensitivity to hydroxybenzazoles. Respiratory depression, obstructive airways disease, concurrent administration with MAO inhibitors or within 2 weeks of discontinuation of treatment with them. Use during an acute asthma attack is not advisable. Use during labour is not recommended. The prolonged duration of action increases the risk of neonatal depression. Methadone is not suitable for children. Drug Interactions: Alcohol: May induce serious respiratory depression and hypotension. Cimetidine or Phenytoin: potentiation of opiate action due to displacement of Methadone from protein binding sites. Rifampicin, reduced opiate effect due to increased metabolism. MAOI's: Possible CNS excitation or depression. Urinary acidifiers: Increases rate of excretion of drug thus decreasing plasma concentrations. CNS Depressants: Major and minor tranquilisers, sedatives and tricyclic antidepressants may result in increased CNS depression, respiratory depression and hypotension. Opioid Antagonists: Analgesics: Additive CNS depression, respiratory depression and hypotension. Naloxone: Antagonises the analgesic, CNS and respiratory depressant effects of Methadone. Naltrexone or Buprenorphine/Pentazocine: Administration to a patient addicted to Methadone may precipitate withdrawal symptoms. **Effects on Ability to Drive or to Use Machines:** This may be severely affected during and after treatment with Methadone. The time after which such activities may be safely resumed is extremely patient dependent and must be decided by the Physician. **Undesirable Effects:** Methadone has the potential to increase intracranial pressure, particularly in circumstances where it is already used. **Use in Pregnancy and Lactation:** There is no, or inadequate, evidence of safety in human pregnancy, but the drug has been widely used for many years without apparent ill-consequence and animal studies have not shown any hazard. It should not be used during labour. see 'Contra-indications'. Methadone is excreted in breast milk. This may be permissible during maintenance dosage. **Other Special Warnings and Precautions:** In the case of elderly or ill patients, repeated doses should only be given with extreme caution. Methadone is a drug of addiction and is controlled under the misuse of Drugs Act 1971 (Schedule 2). **Overdose: Symptoms:** Serious overdose is characterised by respiratory depression, extreme somnolence progressing to stupor or coma, maximally constricted pupils, skeletal muscle flaccidity, cold and clammy skin and sometimes bradycardia and hypotension. In severe overdose, particularly by the intravenous route, apnoea, circulatory collapse, cardiac arrest and death may occur. **Treatment:** A patent airway and assisted or controlled ventilation must be assured. Narcotic antagonists may be required, but it should be remembered that Methadone is a long-acting depressant. 36-48 hours, whereas antagonists act for one to three hours, so that the treatment with the latter must be repeated as needed. An antagonist should not be administered, however, in the absence of clinically significant respiratory or cardiovascular depression. Nalorphine 0.1mg per Kg or Levallorphan 0.02mg per Kg should be given intravenously as soon as possible and repeated, if necessary, every 15 minutes. Oxygen, intravenous fluids, vasopressors and other supportive measures should be employed as indicated. In a person physically dependent on narcotics, administration of the usual dose of a narcotic antagonist will precipitate an acute withdrawal syndrome, use of the antagonist in such a person should be avoided if possible but if it must be used to treat serious respiratory depression it should be administered with great care. **Incompatibilities:** No major incompatibilities known. **Pharmaceutical Precautions:** Keep out of the reach of children, below 25°C protected from light. **Legal Category:** CD schedule 2 POM. **Package Quantities:** Amber type III glass bottles containing 500ml. **PLN:** 0427/0086

Parents cause poor asthma compliance

Adults and school children with asthma often don't take their medication as prescribed. It might be expected that compliance would be better in pre-school children, who are supervised by their parents: not so, according to a study by paediatricians in Glasgow.

The study involved 26 children aged 15 months to five years who were attending a respiratory clinic and who were prescribed prophylaxis with a steroid or cromoglycate via a metered dose inhaler (MDI) and a spacer.

Their parents were briefed about the study and given supporting written information, and instructed on how to administer prophylaxis.

Each child had a diary card for symptoms on which the parent recorded compliance.

Compliance was monitored over two months by an electronic timer which replaced the aerosol holder in a conventional MDI.

Compliance was "variable and often very poor", the authors note. Only 11 children took at least some prophylactic medication at least every day and five went for at least seven consecutive days without any prophylaxis. Parents failed to ensure compliance even on days when they recorded symptoms and most reported compliance to be better than the electronic record showed.

When presented with evidence of poor compliance

at the end of the study, parents often explained the findings as due to unusual events in the family – such as death or holidays – which interfered with care.

The commonest type of poor compliance was missing out the midday doses in a two- or four-times a day dose regime, but there was no overall difference in compliance rates with two-, three- or four-times daily regimes.

The most obvious reason for poor compliance was the lack of correlation between freedom from symptoms and the use of medication; parents may be unconvinced of the value of prophylaxis and more fearful of the risks of inhaled steroids.

Thorax 1995;50:1274-9

HRT's toothy talk

Tooth loss in old age is a common but under-acknowledged problem.

In women, tooth loss is associated with alveolar ridge resorption and mandibular bone mass with osteoporosis, so it seems logical that HRT might offer some protection.

To test this theory, 3,900 women in a Los Angeles' retirement community were asked about their dental health and use of HRT. Two-thirds said they had used HRT for a median of nine years and almost a third were current users. Some 10 per cent had no teeth at all and 5 per cent had all their teeth; 44 per cent wore dentures.

The number of natural teeth decreased with age in HRT users and non-users alike. However, the relative risk of having fewer than 25 (of a total of 32) natural teeth in HRT users was 0.76 compared with non-users and the risk of tooth loss decreased with longer use of HRT. Similarly, HRT was protective against having no natural teeth (RR=0.64) and having to wear dentures (RR=0.80).

Poor dental health in elderly women appears to be linked with the menopause and, subject to confirming evidence from a clinical trial, HRT might be considered an option to reduce tooth loss. Conversely, tooth loss might be a convenient marker for osteoporosis.

Archives of Internal Medicine 1995;155:2325-9

More education needed in NGU

Many men with non-gonococcal urethritis (NGU) try self-treatment before they seek medical help, according to a survey of 300 men attending an open access genitourinary clinic in London.

Specialists found that 10 per cent of the predominantly heterosexual men had used a variety of treatments for an average of a week before attending the clinic. These

included Savlon, vitamins, local anaesthetic gel, cod liver oil, clotrimazole and naproxen.

Eleven men said they had tried an antibiotic from their medicine cabinet or loaned to them by a friend. All the antibiotics were inappropriate or taken in too low a dose and one man developed a rash as an adverse reaction.

These findings, considered with other evidence that as

many as a third of women with NGU self-treat before seeing a GP, has important implications for the proper use of medicines and tracing contacts of people with sexually-transmitted disease.

There is a clear need for education about NGU and its treatment and to discourage the use of any drugs without professional advice.

Genitourinary Medicine 1995; 71:400-1

The pros and cons of intensive insulin treatment

The 1993 Diabetes Control and Complications Trial was the first large study to confirm that close control of blood glucose levels using intensive insulin therapy reduces the risk of long-term diabetes complications, such as neuropathy and nephropathy, compared with conventional management.

However, the benefits were achieved at a cost: the burden of treatment was onerous, requiring three or more daily insulin injections or an insulin pump and frequent blood monitoring. There was also an increased risk of adverse effects and this has been considered in more detail.

Compared with conventional insulin therapy, people using intensive therapy were not at greater risk of major

complications. There was also no significant difference in hospitalisation rates for hypoglycaemia or associated events such as injury or traffic violations.

However, hypoglycaemic episodes were significantly more common with intensive therapy; and severe hypoglycaemia attacks were three times more common than with conventional therapy (61 versus 19 events per 100 treatment-years).

In fact, half of those on intensive therapy, compared with only 20 per cent using conventional therapy, had at least one hypoglycaemic episode; the corresponding figures for ten or more episodes were 14 and 2 per cent, respectively. Some 21 and 7 per cent, respectively,

experienced multiple episodes involving seizures. Other aspects of neurological toxicity included difficulty in waking (four times more common among those using intensive therapy) and irrationality and confusion (three times more common). There was no evidence that these changes became less common as the study progressed.

Episodes of ketoacidosis were more common among insulin pump users and those using intensive therapy were at significantly greater risk of becoming overweight, with a final prevalence of obesity of 33 per cent compared with 19 per cent after conventional therapy.

On the plus side, intensive therapy was associated with a

lower frequency of nocturia and vaginal infections. However, urinary, respiratory and gastro-intestinal infections, and foot ulcers and infections, were equally common in the two groups.

This analysis shows that hypoglycaemic episodes are much more common during intensive therapy with insulin. Although the consequences do not appear to be more serious, these episodes have a significant impact on quality of life.

Diabetes Care 1995;18:1415-1427

Research Digest is a regular series written by drug information specialist Steve Chaplin MRPharmS, looking at the current developments in medicine



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CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY



This eighth module is concerned with bowel disorders.

In this month's Pharmacist's Briefing reference icons are used as follows:



Information



Advice



Treatment



Refer to pharmacist



Refer to doctor or specialist



Refer to BNF

A similar set of icons is used in the assistants' module.

CONSTIPATION



Bowel habits differ widely from person to person. Some people worry if they do not have a bowel movement

every day, although anything from three times a day to once every three days can be considered "normal." Constipation is a condition in which the faeces are hard and difficult to pass. The frequency of bowel movements is less significant, unless there is a marked, lasting change in the person's usual routine.

Assistants are advised that constipation is best prevented by a diet high in fibre. People prone to constipation, particularly the elderly, should also be encouraged to drink at least two litres of fluid a day.

Laxatives are recommended only if dietary measures fail. Bulk laxatives are the first choice and should be taken with plenty of water. The elderly, in particular, should be advised to drink plenty of liquid to prevent intestinal obstruction. Preparations which swell on contact with water, such as ispaghula, methylcellulose and sterculia, should not be taken immediately before going to bed.

Short term relief can be obtained with glycerin suppositories or an osmotic laxative such as lactulose, which can take about 48 hours to work, or a magnesium salt which acts more quickly.

Stimulant laxatives are recommended for immediate, short term use only. Prolonged use can lead to decreased colonic muscle tone. They may cause griping pains.

Module 8 of the Cambridge Counterpart Pharmacy Assistant Development Programme covers bowel disorders. Pharmacy assistants will gain an understanding of the different conditions which customers may describe, and the advice or treatment which they can offer. The importance of discreet consultation is mentioned.

Pharmacy assistants will be advised to refer certain customers to the pharmacist. The types of customer which are likely to be referred to you, and the course of action which you might wish to take are outlined here.

Phenolphthalein may cause skin rashes and colour the urine pink. The BNF says unstandardised preparations of cascara, frangula, rhubarb and senna should be avoided as their action is unpredictable; aloes, colocynth and jalap should not be used as they have a drastic purgative action. Liquid paraffin may damage the lungs, reduce absorption of fat-soluble vitamins and cause anal irritation so its prolonged use is not recommended.



Assistants are advised to refer to the pharmacist:

- **Any major change in bowel habits, particularly in the middle aged or elderly.** Constipation may be a symptom of other diseases such as underactive thyroid, Parkinson's disease and depression as well as bowel disorders such as irritable bowel syndrome, diverticular disease and cancer. Refer to GP if the condition does not respond to dietary advice or laxatives after about two weeks. Unexplained weight loss should also be treated with suspicion.
- **If laxatives are required every day.** Again, this may be due to a more serious underlying condition. Refer if there is any professional concern after questioning about diet and lifestyle.
- **If there is colicky or severe pain.** If colicky pain is persistent, or the pain is severe, medical examination is necessary to determine the exact nature and cause. The pain of appendicitis often starts centrally then moves within a few hours to the right of the abdomen, just above the

groin. The pain is continuous and the area feels tender. There may be vomiting and diarrhoea or constipation. Diverticulitis presents as a colicky pain which lasts a couple of days, goes away and then comes back again. Colic in babies will be covered in a later module.

- **If there is nausea and vomiting** Possibility of obstruction. Refer.
- **Constipation alternating with diarrhoea.** In an elderly person this may indicate overflow diarrhoea caused by impacted faeces. In a younger person it could indicate irritable bowel syndrome or, more rarely, cancer. Refer.
- **Blood in the faeces; black faeces.** Red spotting with fresh blood may indicate haemorrhoids. Other causes of rectal bleeding could be diverticulitis, colitis or a tumour. Refer.
- **Pregnant women.** Pregnant women often suffer from constipation because high levels of progesterone inhibit the smooth muscle activity of the bowel and the growing foetus exerts pressure on the colon. Other contributory factors are a reduction in exercise and taking iron preparations or antacids. Constipation should be treated as it increases the risk of haemorrhoids, to which pregnant women are prone. The best advice is to increase dietary fibre and fluid intake, with bulk-forming laxatives as a second line. Lactulose is claimed to be safe throughout pregnancy. An occasional dose of senna after the first trimester appears to be safe, although there is a risk of causing uterine contractions if

stimulant laxatives are given late in pregnancy. The woman should seek a doctor's advice if these measures fail. There is inadequate evidence of safety to recommend docusate and it is excreted in breast milk.

- **Constipation in children.** Breast fed babies do not always have a daily bowel action; parents should be reassured that this is normal. Constipation in bottle fed babies may be due to an over-concentrated feed. Breast or bottle fed babies should be given more water until the constipation resolves. Weaned infants should be given more fruit juice and sieved fruit and vegetables. Older children should also be encouraged to increase their fibre intake. Chronic constipation may result in behavioural problems if, for example, the child avoids going to the toilet because it is painful. Lactulose is suitable as a second line treatment and glycerin suppositories are useful if a more immediate action is needed. Long term use of stimulant laxatives should be avoided because of the risk of impairing bowel function. Senna should not be given to children except on a doctor's advice. Liquid paraffin should not be used in children under three. Refer to GP if the condition persists.

- **People taking other medicines.** Medicines likely to cause constipation include aluminium antacids, anticholinergic drugs (including phenothiazines and tricyclic antidepressants), antihistamines, antitussives (e.g. codeine), calcium antagonists, clonidine, diuretics (particularly in elderly patients not drinking enough liquids), iron, levodopa and opiate analgesics (e.g. co-proxamol, co-codamol). Refer to the GP if constipation is likely to be caused by a prescribed drug.
- **People with kidney disease, heart disease or high blood pressure.** Magnesium salts carry the risk of accumulation in kidney disease. "Health" salts containing sodium should be avoided by those who need to restrict sodium intake. People with cardiovascular disease should avoid straining, so should be referred to a GP if constipation does not respond to laxatives.

- **Laxative misuse.** Some people, particularly young women with eating disorders, use laxatives in an attempt to lose weight. They should be warned tactfully against this practice and advised about sensible weight loss through diet and exercise, with possible support from a slimming group or self-help group and referral to a GP if necessary. Elderly people may also take laxatives regularly for years in the belief that it is essential to open the bowels every day. Again, counselling is needed with referral to a GP if necessary.

DIARRHOEA



This was covered in detail in module 1.4.

IRRITABLE BOWEL SYNDROME



Symptoms include diarrhoea or constipation or both, recurrent pain, wind, bloating, rumbling, loss of appetite and nausea.

The exact cause is unknown, but many people can trace its onset back to a stomach upset, a course of antibiotics or a stressful period. Anxiety often makes the symptoms worse.



Treatment:

Assistants are advised to consult the pharmacist if the customer has not been

diagnosed by the doctor. Increasing dietary fibre and using bulk laxatives can help constipation but may make wind and bloating worse. Bran used to be recommended but recent research suggests this may make symptoms worse. Loperamide and codeine may be required for diarrhoea. Peppermint oil, given in enteric-coated capsules, is thought to exert a direct action on the colon muscles. Antispasmodics such as hyoscine hydrobromide are also used and alverine is now being marketed OTC specifically for the treatment of irritable bowel syndrome. The latter may be recommended if the condition has been diagnosed by a GP or if the symptoms are consistent with irritable bowel syndrome. It should not be given to children under 12 or pregnant or breastfeeding women. If symptoms still persist for more than two weeks, refer to GP.



Advice:

Avoid gas-producing foods such as beans, peas, cabbage and cauliflower. Eating plain

live yogurt may help to normalise the gut's bacterial flora. Exercise and relaxation may reduce stress and hypnotherapy is sometimes helpful. Exclusion diets under the supervision of a dietician can identify problem foods; culprits include eggs, wheat, coffee and citrus fruits.



Refer to GP:

- If the symptoms are not consistent with irritable bowel syndrome.

COELIAC DISEASE



This is mentioned briefly so that assistants are aware of symptoms needing referral (vomiting,

diarrhoea, weight loss and tiredness) and can familiarise themselves with any gluten-free foods the pharmacy stocks.

INFLAMMATORY BOWEL DISEASE



Ulcerative colitis and Crohn's disease are described briefly to distinguish them from irritable bowel

syndrome. They are characterised by regular attacks of urgent diarrhoea, sometimes with bleeding and mucus, abdominal pain, tiredness and joint swelling. Vomiting may also occur in Crohn's disease.



Refer to GP:

- Customers who are suffering from these conditions for the first time or are experiencing a recurrence.

HAEMORRHOIDS



Haemorrhoids are swollen veins which may protrude outside the anal canal during defaecation (external);

these may return or remain persistently outside the anus. There may be pain, which is worse during defaecation or immediately afterwards. Itching and irritation is common. Spots of bright red blood may appear on toilet paper.



Treatment:

Avoid constipation as straining puts pressure on the blood vessels.

Good toilet hygiene is

recommended to minimise irritation. Ointments and creams can relieve the symptoms of internal and external haemorrhoids; suppositories may be preferred for internal haemorrhoids. They should be used in the morning and at night and after every bowel movement.

Local anaesthetics should not be used for longer than a week, to avoid sensitisation. Preparations containing hydrocortisone should not be used if there is infection or in children under 18 or pregnancy. They should be used for a maximum of seven days.



Assistants are advised to refer to the pharmacist:

- **People who suspect they have haemorrhoids but have not had a GP's diagnosis.** Customers experiencing symptoms for the first time should be referred to a GP for a definite diagnosis, but can be offered a soothing preparation to relieve itching in the meantime. People whose symptoms worsen or who do not respond to OTC remedies should be referred, as should those who discover further lumps.



Refer to GP:

- Severe or persistent bleeding or if the blood is dark rather than bright red.

Dark blood may indicate rectal cancer, particularly in people over 50.

- Haemorrhoids in children.

The condition is rare so should be investigated.

- Piles accompanied by persistent pain and vomiting.
- Persistent itching and irritation.
- People who complain of a constant urge to open their bowels when no faeces are present.
- If constipation may be due to prescription medicines.
- Severe pain. This may be due to anal fissure – cracks in the skin which are prone to infection.

THREADWORMS



Assistants are told how easily these parasites can be spread, so there is a need to keep the hands clean and to treat the whole family.



The BNF recommends mebendazole as first choice for all patients over two years.

Piperazine has a higher incidence of adverse effects; it is also effective against roundworms.



Assistants are advised to refer to the pharmacist:

- **Pregnant and breast-feeding**

women. Refer pregnant women to GP. Lactating mothers are advised to take piperazine after feeding and not to give breast milk for eight hours.

- **People taking other medicines.** Piperazine may be antagonised by pyrantel. Patients with neurological disorders should be referred to a GP before taking piperazine. It should not be used with antipsychotic drugs such as chlorpromazine.
- **People with epilepsy, liver or severe kidney disease.** They should avoid piperazine. It may induce fits in patients with grand mal epilepsy.
- **Children under two.** Piperazine can be recommended for children over one year and mebendazole to those aged two years and over.
- **If they are not sure it is threadworms.** Refer to GP, particularly if the patient has recently travelled abroad and may have picked up another infestation.

PRURITUS ANI



Assistants are advised that itching may be a symptom of haemorrhoids or threadworms. They are

asked to check with their pharmacist what preparations they can recommend if both these conditions have been excluded.

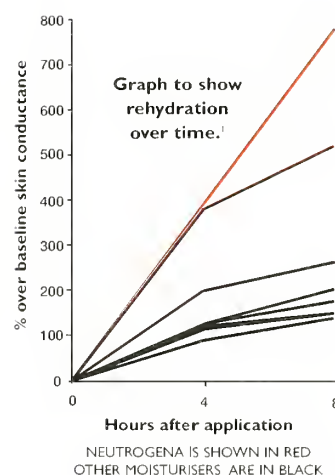


Refer to GP:

- Persistent, unresponsive itching.

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USES: Indicated for the management of dry skin conditions, or as directed by physician. **CONTRAINDICATIONS:** None. **LEGAL CATEGORY:** GSL. **FURTHER INFORMATION:** For more information on skin conditions, call 0116 5165 0002. **Johnson & Johnson, Innovation Park, Ross, Wokingham, RG40 3EX**

References:
1. Clinical Study, St John's Dermatology Unit, St Thomas' Hospital (Data on file)
2. Clinical Study, St John's Dermatology Unit, St Thomas' Hospital (Data on file)

The best of both worlds

A cause of concern for most independent pharmacies planning or undergoing a major refit is how to carry on their business while all around them the builders are creating chaos. **Mike Jefferee** reports on a more unusual case

When Richard and Ann Thomas decided to tear the inside out of the Central Pharmacy in Holyhead and start again, they just decamped to their other branch a few hundred yards away!

The Thomases admit that their business is unusual. This husband and wife pharmacy team has set up what is effectively 'his' and 'hers' premises in the same street.

The couple started with the Central Pharmacy about 30 years ago and, despite having a branch of Boots almost opposite, have developed it into a bustling, thriving concern. Then, in 1991, The Apothecaries Hall at the other end of Market Street was offered for sale. They bought it for a variety of reasons. "First, it was a busy pharmacy and we didn't want anyone else getting their hands on it," says Mr Thomas. "Also it helps us take on Boots. We're community pharmacists and they're a store ... but being able to head people off at either end of the street does give us an advantage."

Apothecaries Hall also appealed because Mr Thomas is passionate about pharmacy history and the premises haven't changed since the 1920s. All the fixtures and fittings are still in place – even down to the gas burner

used for melting sealing wax – and to these Mr Thomas has added his own vast collection of pharmacy memorabilia.

"My collecting does drive Ann mad sometimes, but I see Apothecaries Hall as a working museum," says Mr Thomas.

The Thomases decided to redevelop the other branch because they wanted an equally effective 21st-century pharmacy with an equally appealing face. While age has increased the charm of the Apothecaries Hall, the years had not been so kind to the Sixties' frontage of Central Pharmacy.

The final spur for the refit was two grants, one from the local authority to convert a former dentist's surgery above the pharmacy into maisonettes, the other from the Welsh Development Agency for the shopfront.

Talking the project over with architect Robert Davies, they decided that tinkering wasn't going to do it. So, in January, the Central Pharmacy team took up residence at the back of Apothecaries Hall and the builders moved in, knocking through to neighbouring premises, which the Thomases owned, and reducing the whole building to a shell.

The picture was completed by shopfitters Yorkline, selected after consultation with Ray Todd of the National Pharmaceutical Association.

The result is a new Central Pharmacy, with twice the floor area of the old. Out have gone overcrowded counters and cupboards, and in their place are cool beige and light oak modular shelves and cabinets, with two free-standing gondolas. "These are very effective at breaking up the space and encouraging customers to circulate around the shelves," says Mrs Thomas.

The extra space and better fittings have allowed Central Pharmacy to expand the counter side of its operation. It now includes a foot care display, an enlarged toiletries section and a much improved perfumery. And, since the reopening in June, sales of these products have increased. The Thomases also used a wall racking system to display health information literature, which has proved popular.

The dispensary, which handles a considerable, and rising, number of scripts, is more open and user-friendly than the old, and has two consultation areas.

Keen not to sever all links with the past, the Thomases have had a strip of stained glass from the old shopfront incorporated in new windows. And Mr Thomas has added his own touch of continuity, with a display of old medicine bottles above the shelves!

Six months on and everyone agrees that the modernisation has been a success. In fact, the Thomases have had to take on more staff to cope with the increased level of business it's produced.

As well as generating more custom, both husband and wife agree that the overhaul of Central Pharmacy has made its combination with Apothecaries Hall more effective. The latter acts as a plug into the history of the local community, while concentrating more on dispensing. Central focuses on consultation and a greater range of over the counters and non-ethicals.

"The blend is what community pharmacy today should be all about," says Mr Thomas.

Alexander King Associates

The 1,000sq ft Hills Pharmacy in Sowerby Bridge, West Yorkshire, had not been touched for years and it showed.

The late-Victorian building was sound enough, but the layout had become dated and a partition wall awkwardly divided the place in two. This made one half dark, dingy and difficult to supervise, and meant access had to be restricted for security reasons. In short, the pharmacy was due for refurbishment, so, last autumn, Hills hired the services of Skipton-based design group Alexander King Associates.

The latter won the contract with its innovative approach to pharmacy design, first demonstrated at E&M Hazlehurst's in Bradford (C&D September 3, 1994). Hills was impressed and asked the Alexander King team to transform Sowerby Bridge from top to bottom.

Starting with the basic structure of the premises, the designers decided to knock through the obstructive internal wall to open up the pharmacy. To amplify the feeling of space, they also devised a three-metre high curved shop front that fitted neatly into the Victorian facade.

When it came to the shopfitting, Alexander King selected products and materials that were "sympathetic to the pharmacy's dual involvement in retail and

The NPA route to successful shop planning

Ray Todd, head of the National Pharmaceutical Association's pharmacy planning division, advises on key areas to consider in any refit

A pharmacy upgrade or expansion provides the opportunity to re-appraise total business strategy. Key points to consider are:

Image

Integrate dispensary and professionalism into the sales area, so customers are aware that the pharmacy includes dispensing staff as part of the team. Pharmacies often have structural limitations, but more effort can be made to open up dispensaries.



The refitted Central Pharmacy handles a growing number of scripts

King makes a hit with Hills

clinical services". This has meant 'soft-tech' finishes, natural woods, clean lines, targeted low-voltage spotlighting and circular or curved counters which present a "more open, customer-friendly appearance".

The focus of the pharmacy, the dispensary bench, is on a raised platform to provide an overview of the premises and to encourage communication between pharmacist and public.

Although the refurbishment involved structural changes, most of the work was completed in four weeks, with the pharmacy continuing to trade. Critically, it also kept within the

\$65,000 budget – and this covered every detail, "right down to the toilet roll holder", according to Alexander King's Nick Shields.

Hills is more than happy with the result of the project – retail sales have since risen over 30 per cent and scripts have "greatly increased". Consequently, the company is now discussing a roll-out of re-fits for its entire 300-strong chain, with Sowerby Bridge possibly acting as a role model, although not a blueprint. "The aim is for our pharmacies to reflect their location rather than have a uniform appearance," says Hills' managing director, Michael Major.



Refurbished inside and out: the smart new Hills Pharmacy in Sowerby Bridge, West Yorkshire

Layout

Keep layout simple, with clear aisles which are wide enough to allow sight of products on lower shelves. Gondolas should be low and not too long, so customers are not encouraged across the shop. Modular equipment gives maximum flexibility – and to encourage circulation, ensure medicine is handed out at a different point from where prescriptions are handed in.

Dispensary

Wherever practical, keep the dispensary as open as possible, with ample worktops. Provide a separate workstation if you prepare monitored dosage systems and, following the expansion of open pack dispensing, consider the use of an OPD storage drawer systems.

Appraisal

Where community pharmacies are affected by the growth of out of town shopping, or work closely with health centres or community care programmes, it is essential that re-appraisal of pharmacy strategy is considered. This may mean reducing the range of merchandise to promote

the professionalism of the pharmacy more effectively, and displaying a wider range of medical products.

Merchandise

Be careful when selecting your range of merchandise – and always have a reliable stock control system, so that you can quickly identify products which are not moving.

Advice and health promotion

All ethical services should be brought together into one area at the side of the medical counter. This should include an advice point and healthcare leaflet display. Many health authorities and FHSAs are providing funds for such facilities.

Construction work

If you are involved in any construction work lasting more than 30 days, or employ more than four workmen on site, you must, by law, appoint an independent health and safety supervisor to ensure that the project conforms to new HSE regulations.

Getting help

Before appointing contractors check that they have the relevant expertise to handle the complex-



The NPA's Ray Todd

ities of modern pharmacies and inspect their other pharmacy installations.

Alternatively, use the NPA pharmacy planning department's independent advice on all aspects of your premises. The service is comprehensive and tailored to individual requirements. From sourcing suppliers and contractors to help with design or unravelling legal regulations, a call to Mallinson House (01727 858687 ext 271) could be the answer.



Store designer Dollar Rae aimed to make the most of the unusual architecture when fitting out the new Per Medic pharmacy in Hillsborough, Sheffield. Owned by pharmacist Hasmukh Shah, the 2,500sq ft outlet is in a Morrisons' shopping complex, previously an army barracks. Dollar Rae has used bespoke window designs and lighting systems to feature arches and columns at the front of the pharmacy. Inside it has focused on a spacious, open-plan dispensary and 'medical care centre', including eye care, foot care and health food

To stop a thief

David Trimmer of Security Design Centre of Halesowen offers some essential tips on how to combat the increasingly costly problem of shoplifting

Theft, shoplifting and assault on shop staff are all too common – but a few simple precautions can go a long way towards making retail premises more secure and cutting the crime rate.

The priority for the pharmacist is to keep drugs and high-value stock secure. This means ensuring all locks, doors and hinges on drugs cabinets and stockrooms are up to modern standards. It is also vital that no keys, particularly spares, are left lying around.

It is a useful exercise to ask 'If I was a thief how would I steal from my premises?'

Undoubtedly the major deterrent against retail theft today is the presence of closed circuit television (CCTV). In certain

retail sectors it has been shown to cut shrinkage by 100 per cent.

If you go for CCTV, it is important to let a professional installer fit the system – and make sure they are registered with the national security organisations.

In the pharmacy, CCTV should protect all secure areas and perfumes. It should also cover both counter and shop till blindspots in order to limit customer and staff pilfering.

The system should always be recording during shop hours to provide evidence of theft and basic management information.

Another theft-prevention basic is to build in security. Merchandising displays should be designed with the shoplifter in mind. There should be no low, unprotected products, which a swift hand movement could sweep into a pocket or bag. Small, attractive high-value goods should be clearly displayed, but out of customers' reach, while all free-standing displays and racking should be kept low so shoplifters cannot use them for cover. Additionally, convex mirrors allow a close eye to be kept on customer activity.

An extra precaution is personal attack buttons linked to police-calling alarm systems. If you have one, check it works regularly.

Security Design Centre can supply further information on CCTV and other forms of shop security systems on 0121 550 8847.



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Shopfittings for hire

Retailers can now lease shopfittings and display equipment from members of the Shop and Display Equipment Association. The hire arrangement is underwritten by a specialist finance house with more than 20 years' experience in the leasing sector, and, according to SDEA director Lawrence Cutler, brings a number of benefits to retailers. "Leasing shopfittings conserves working capital by spreading the cost over the working life of the equipment and assists accurate budgeting," he says. For further information contact SDEA on 01883 348911.

Cables how

Fairfield Display Lighting is offering new variants on its cable and rod shopfitting systems, which, it maintains, offer pharmacists a quick, cost-effective route to a new look. The systems use cables suspended from the ceiling to the floor or to the top of display cabinets on to which glass shelving, signs and a range of other accessories can be easily attached. There are also versions available for window displays – with Fairfield offering mock-ups to enable retailers to visualise the finished window – and the cables can also be used to accommodate lighting with "no trailing wires". Tel: 01252 012123.

Subtle high security

Following a number of 'incidents' with customers, the Walkden Pharmacy, in Walkden, Manchester, decided it needed added security for staff and medicines. At the same time, it did not want to frighten law-abiding clients by becoming a fortress. So it turned to Valley Shopfittings for a customer-friendly security solution. The company, based in Bacup, came up with a safety screen system – at a cost of around £17,000 – similar to those used throughout the country in post offices and banks. Framed in green, it features a number of product displays, and a secure dispensary, with prescriptions handed in at one hatch and medicines out at the other. There is also an enclosed consultation area. "Without being intimidating, the screens provide staff with a safe working environment," says Valley marketing manager Geoff McGrath. "The anti-bandit glass can withstand a sledgehammer and the counter is firearm resistant."

Shedding new light

Trade Photographic Services has launched a new 'quick-change' version of its Adlite illuminated display system. The new unit features an acrylic clip-on front for speedier switching of transparencies or posters. Tel: 01462 894533.



The refurbished Care Chemists in Mill Hill, north London, features the first major UK installation of the new Zetunit shelf and display equipment from Sintek. It is designed for self-selection applications, and, according to Sintek, revolutionises pharmacy merchandising. It enables Care Chemists to present products in groups, with the displays in vertical rather than horizontal bands. Tubular separators in different colours enhance merchandising and promotion, and integral reflected lighting is mounted at the top of the modules to light the product displays. Care Chemists selected single-sided modules from the Zetunit range to run along each side of the retail area. The pharmacy, owned by Pharmaceutical Services Negotiating Committee chairman David Sharpe, also includes Sintek's Stockflow workbenching and storage system and Rombic secure, high-density storage, deep drawer cabinets. The dispensary is open to view. Sintek can be contacted on 0116 2530818.

When the accounts for a pharmacy, or any other business, are selected by the Inland Revenue for investigation, the tax inspector will usually ask to borrow the business books and records and may wish to see personal bank statements and building society passbooks at an early stage.

Quite often, before any introduction, the inspector will visit the shop to make a small purchase, while carefully observing how the business is run, particularly the way cash is handled and whether all sales are put through the cash register.

The Inland Revenue's Code of Practice (No 2) states that, before an investigation, the inspector should give his reasons for investigating a taxpayer's affairs, unless it will prejudice the Inland Revenue's position.

The reasons should always be established at an early stage and the inspector's concerns satisfied very quickly where possible. For example, a fall in gross profit might be explained by a fire, or a large cash injection could be from a recent legacy.

Once this is explained, the inspector should be asked to terminate his investigation; he is not allowed to go 'fishing' into a taxpayer's affairs with no reason.

Think carefully before giving the inspector access to books and records, particularly if his concerns are misplaced. Such access will inevitably result in more queries which take time and cost to answer. This is an area where specialist advice can help considerably.

The inspector will request a meeting – the 'opening interview' – usually after he has examined the books and records. Before that meeting, the inspector may spend several days looking at the books, invoices, bank statements and other documentation.

The importance of this opening interview with the inspector cannot be overemphasised.

During his detailed preparation, the inspector will have raised a considerable number of queries. Many will be answered at the interview to his satisfaction.

Others will prompt further questioning. If the inspector has information about potential tax irregularities, his questions will be carefully phrased to get at the facts. Traps may be laid, and it can be obvious to the inspector when someone is being 'economical with the truth'.

Interviews with tax inspectors can be a stressful and grueling experience. They will often last two or three hours. The inspector's aim is to obtain the maximum amount of information about the business – and often about private spending – at the start of the investigation.



An inspector calls

Tax investigation specialist David Cunliffe looks at a retailer's rights when the taxman finally pounces

Incorrect or inadvertently misleading answers to queries at this stage may irretrievably damage the position later in the investigation. The reason for a question may not be apparent to the interviewee until later, when the inspector attempts to prove the accounts were wrong, or to reconstruct what he believes were the true profits of the business. Such exercises can often look very scientific but may be based on flimsy evidence or an insufficient sample.

For example, the inspector could identify one area of sales, like toiletries, calculating the expected gross profit rate (GPR) on such sales from the purchase and sale prices. He will not take into account unusual factors of which he is unaware, such as slow-moving stock which may have been sold off at reduced prices to clear. The inspector

may also use this sample as a basis for calculating the overall GPR without taking into account lower margins achieved on sales of other goods.

At this stage of an investigation, an experienced professional adviser can eliminate or considerably reduce the potential additional tax charges by closely reviewing the exercise carried out by the inspector. That exercise will inevitably contain assumptions (some of which could be invalid), estimates and even arithmetical errors which can be challenged.

If it is accepted that the accounts are incorrect and additional tax becomes payable, the inspector will usually expect the offer of a lump sum to settle matters. A settlement with the Inland Revenue may include tax for the current year and previous years.

The investigation may cover

Inspectors are not allowed to go 'fishing' into taxpayers' affairs

the previous six years or so, but inspectors have powers to go back up to 20 years. In addition to the tax due, interest and penalties will be payable in many cases. The interest is calculated, at close to commercial rates, from the date the tax was originally due to the date it is paid.

Penalties can be up to 100 per cent of the additional tax. In practice, the penalties will be substantially less.

The investigating inspector will take into consideration all the factors, including whether a full voluntary disclosure of the omitted income was made, the extent of the taxpayer's co-operation during the course of the investigation and the seriousness of the tax offence. This offers scope for negotiation to the experienced adviser.

Many investigations by local inspectors will involve arguments, for example, about provisions for slow-moving stock or the level of wages paid to the spouses of directors or proprietors. These are subjective matters which will almost invariably result in settlement if adjustments to profit are agreed.

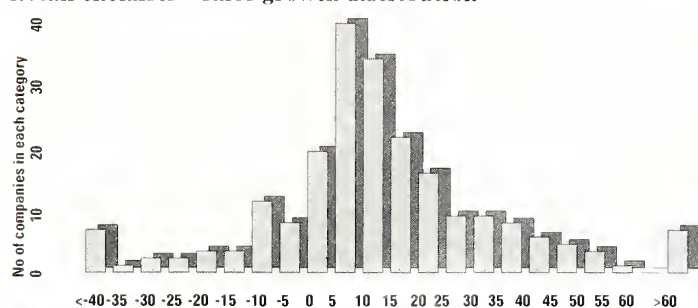
Sometimes, an investigation will reveal deliberate and serious understatement of profits, perhaps through takings being diverted or stock being deliberately missed off the year end stocktake. In these and some other circumstances, the Inland Revenue may consider prosecuting for fraud and it is imperative that specialist or legal advice is taken immediately.

In the past, the Inland Revenue has prosecuted relatively few people for incorrect accounts or tax returns, but there are signs that this is changing.

Assuming prosecution is ruled out, an offer in settlement for an appropriate amount will have to be made to end an investigation in which understated income is revealed. That offer and the Inland Revenue's letter of acceptance amount to a legally enforceable contract. Normally, payment is expected quickly (although this can also be negotiated), but instalments can sometimes be agreed. Once settlement is reached, that should be the end of the matter – unless the taxman has not been told everything.

David Cunliffe is a tax investigation specialist with KPMG Northampton. He can be contacted on 01604 235300.

Retail chemists – sales growth distribution



Pharmacy sales slide, but margins climb

Retail chemists in the UK have seen sales growth slow over the past year, but performance varied throughout the sector and 42 per cent of companies achieved average or better growth.

Average sales were up 9 per cent, compared to 12 per cent a year earlier, but performance varied throughout the sector and 42 per cent of companies achieved average or better growth.

Of the 1,560 companies analysed in the 'Plimsoll portfolio analysis: retail chemists', the smallest companies, those with a turnover of less than £2 million, recorded a 1 per cent increase in sales, while those with turnover in excess of £23m reported sales up 13 per cent.

However, while sales figures fell, pre-tax profit for the past 12 months' margins increased to 3 per cent of sales compared to 2 per cent a year earlier.

Small businesses averaged a 3 per cent pre-tax profit margin, while large companies reported 4 per cent. Despite this, 22 per cent of companies surveyed did not report a profit.

From analyses of company accounts over the past four financial years Plimsoll classifies businesses as 'strong', 'good', 'mediocre', 'caution' and 'danger'.

Although over a third of the businesses surveyed showed

signs of financial difficulty, the situation has improved during the past 12 months.

Thirty-seven per cent of companies are rated as 'caution' or 'danger', compared to 49 per cent 12 months before. Of the 18 companies in the retail chemist sector that have been liquidated or gone into administration over the past two years, Plimsoll has rated 14 as 'caution' or 'danger'.

The number of companies rated 'strong' or 'good' also improved, up from 37 per cent 12 months ago to 43 per cent.

Sales growth, trading stability, profitability, working capital, gearing and immediate liquidity are all covered by the report.

● A Plimsoll report on healthcare companies found a similar pattern: sales growth has slowed from 19 per cent 12 months ago to 14 per cent, but margins rose to 6 per cent, up from 5 per cent a year earlier. Companies with turnover between £5m and £12m reported the biggest growth in sales of 17 per cent.

'Plimsoll portfolio analysis: retail chemists, 1st edition 1996' and 'Healthcare, 1st edition 1996' are available at £305 each (supplementary reports, £205) from Plimsoll Publishing. Tel: 01642 230977.

Lloyds targeted by unknown bidder

Lloyds, the second largest retail chemist chain in the UK, has confirmed that it has been approached by a bidder.

Shares in the company rose 63p to 354p in pre-market trading on Wednesday when the stock-market heard the news.

Lloyds says that its board of directors is consulting its financial advisers about the proposal, which "may or may not lead to an offer for the entire issued share capital of the company".

John Richards, retail analyst with Natwest, suggests that the bidder may not be another retail chain, but could be a company interested in Lloyds' distribution capacity – either a company already involved in pharmacy distribution in the UK or a multinational healthcare company interested in having that capacity.



Allen Lloyd – considering a bid

Previously, Lloyds has denied rumours of a takeover, with Asda, Sainsbury and Kingfisher suggested as potential bidders.

Late Wednesday editions of the *London Evening Standard* were suggesting Unichem might be the bidder. No one from the company was available for comment.

BTC pulls Boots through Christmas

The Boots Company saw sales rise 5.4 per cent for the three months to the end of December, 1995, including the Christmas period.

The Boots the Chemists business, which accounts for 85 per cent of the company's sales, turned in like for like sales up 5.1 per cent, which compensated for poor performances elsewhere.

Boots the Chemists saw an increase in healthcare sales of more than 11 per cent, helped by the flu epidemic. Beauty and personal care sales rose by over 8 per cent. Sales of counter cosmetics increased by almost 17 per cent, with Boots' No7 brand up 25 per cent.

Halfords, Boots Opticians,

Childrens World and A G Stanley all experienced flat or depressed sales for the three months ending December, 1995. Do It All, the joint venture with W H Smith, turned in like for like sales down 3.5 per cent.

Lord Blyth, Boots' chief executive, comments: "This was an excellent result for Boots the Chemists ... Overall, the third-quarter performance has been much as expected."

● Securicor is supplying uniformed retail security officers to a number of Boots the Chemists' stores around the UK, particularly those that have recently been refitted. The Securicor officers will receive special training on all aspects of store security.

Superdrug and AAH top acquisitions table

Superdrug started trading from ten new pharmacies in December, according to the Royal Pharmaceutical Society's monthly amendments to the pharmacy register.

Only AAH surpassed this total: it acquired 11 premises (*C&D* January 6, p25). Lloyds and Moss acquired three new premises each, and Boots and National Co-operative Chemists increased their quotas by two.

Sales rise signals recovery

Retail sales for December were above average for the time of year for the first time since 1993.

Sales volumes grew further in December and the year on year rise was the third successive increase and the strongest for two years, according to a Confederation of British Industry survey. A similar increase in volume is expected in January.

Chemists were among those reporting the highest volume increases compared with a year

earlier. On balance, 61 per cent of chemists reported an increase in sales compared to November. Sales rose sharply and volumes were well above average for the time of year. This trend is expected to continue into January, but business is only expected to be average for the time of year.

Wholesalers' sales volumes continued to rise strongly in December, with 39 per cent reporting better than average sales for the time of year.

Rival bid threat in Maybelline sale

The L'Oréal takeover of Maybelline may be off after an approach to Maybelline by the German consumer products group Benckiser.

Benckiser has offered to buy Maybelline for an unspecified price, rumoured to be more than \$36.75 (£1=\$1.54) per share. The company confirmed it had been in contact with Maybelline, but would not specify a firm bid price.

Bayer denies accusations of restrictive practice

Bayer, the German pharmaceutical company, has been fined Ecu3 million (\$2.35m) by the European Commission for violating an EU law on restrictive practices.

The EC says that the case involved Bayer's refusal to sell Adalat, its heart drug, to wholesalers in France and Spain, who wished to re-export the drug to the UK, where prices are higher than in the rest of Europe.

Bayer is appealing against the fine. The company says it is unable to give a detailed response at the moment because it has not received a full statement of the reasons for its fine.

However, the company says that it "has not categorically violated the legal provisions of the Treaties of Rome". It also protests at the EC's "unconventional

legal stance in interpreting the antitrust rules".

According to the EC, Bayer set up a system to identify the wholesalers in France and Spain who were buying more Adalat than they required for the domestic market alone in order to export the rest.

Bayer, says the EC, penalised the wholesalers by reducing the volume of Adalat they supplied. Wholesalers claim that Bayer was no longer willing to supply them with the volumes they required as early as 1989.

Bayer believes that the Commission's aim is to restrict the company's freedom to decide what quantities of products to sell to which businesses. Although Bayer does not dominate the market, it would be forced to supply whatever quan-

tities of products businesses request in countries with government-controlled low prices. Such businesses, the company says, would then export Bayer's products to countries, including the UK, where prices are higher.

Bayer says that supply requirements are forecast by subsidiaries for their local markets based on past experience. In isolated cases, the company says, wholesalers who obviously order more than they require for the local market may receive lower quantities than they ordered.

The Commission concluded that such practices involved a serious infringement of the Community law on competition. Bayer says that the legal opinion expressed by the Commission during the proceedings is "incomprehensible".

Actomite no longer exempt

From January 1, Actomite's VAT exemption status is no longer applicable for purchasers, even if they are registered chronically sick. This withdrawal resulted from a ruling from Customs & Excise as part of its ongoing review.

Simplifying sick pay

The Government is proposing to cut red tape for businesses by allowing employers exemption from Statutory Sick Pay rules if they have their own occupational schemes. The proposals would benefit the majority of the 85 per cent of employers with occupational sick pay schemes by removing the need to keep two sets of records.

Ranbaxy buys Rima

Ranbaxy Laboratories, India, has bought Rima Pharmaceuticals. Rima, located in the Republic of Ireland, produces a range of generic dosage forms and markets them principally in the UK and other European markets.

Virtual business

BarclaySquare, the virtual mall, is keen to bring the benefits of electronic commerce to smaller businesses, and, to this end, has set up two local shopping centres in London and Birmingham. The BarclaySquare Information Hotline is on 01235 824440.

COMING EVENTS

TUESDAY, JANUARY 23

Northern Scottish Branch and Moray and Banff Branch, RPSGB

Golf View Hotel, Seabank Road, Nairn, 8.00pm. 'To Boldly Go' by Andrew Burr, Council member, RPSGB.

Stirling and Central Scottish Branch, RPSGB

Education and Conference Centre, Stirling Royal Infirmary, 8.00pm. 'Time, gentlemen, please' by Dr Howard Stevens.

THURSDAY JANUARY 25

Bath & District Branch, RPSGB

Gainsborough Room, Pratts Hotel, Bath, 8.00pm. 'The New Age' by Andrew Burr, Council member, RPSGB.

Advance information

The Bradford & Halifax Branch NPA meeting will be held on **January 25** at the Bankfield Hotel, Bingley, 8.00pm. 'The health commission's view of the future of community pharmacy' by David Russell, director, healthcare development, Bradford Health Commission.

SB integrates all healthcare services

Smithkline Beecham is combining all its healthcare services into a single division as part of its integrated healthcare strategy.

The new division will include:

- the company's clinical laboratories division
- Diversified Pharmaceutical Services, a US pharmaceutical benefits management company
- Diversified Prescription Delivery, a US mail order business
- SB's recently-formed disease management group.

The new division, Healthcare Services, will be headed by Dr Tadatsa Yamada of the University of Michigan Medical Centre.

The healthcare management system is firmly established in the US and SB is currently looking at disease management possibilities in the UK and Europe. The integration will give the company a more focused approach to healthcare services.

Jan Leschly, SB's chief executive, says: "Competition in the healthcare industry is fiercer than ever, and controlling healthcare costs is a major challenge. Alternative solutions, that can deliver healthcare at lower costs without reducing quality, are being aggressively pursued on a global basis. SB is one of the very few companies positioned to be able to provide truly innovative healthcare solutions."

Firms must focus to survive

Pharmaceutical companies will have to consolidate further and offer additional services to survive in the future.

A wider innovation base, including increased collaboration with biotechnology companies and improvements in R&D pipelines, combined with focusing on areas of competitive strength, will be necessary to survive, according to Stewart Adkins, pharmaceutical analyst at Lehman Brothers in a report entitled 'Pharma Pipelines'.

However, innovation alone will not be enough: companies will have to build up managed care programmes to ensure a market for their drugs.

For some companies, like Pfizer, Lilly and Astra, the future looks hopeful as the value of their 'blockbuster' drugs (those with annual sales of more than

\$500 million) increases, but other companies, including Roche and Zeneca, will earn less from their blockbusters in 2000 than they did in 1994, predicts Lehman Brothers.

Losec will become the biggest-selling drug in the world early this year on an annualised sales basis. Its sales will continue to grow, with the drug becoming a \$4 billion a year blockbuster by the end of the century, predicts the report.

Zantac, the biggest-selling drug in 1994 and 1995, will lose ground and achieve sales of around \$750m in the year 2000.

Other big sellers in 2000 will be:

- erythropoietin, the blood agent
- Prozac, the antidepressant
- Zocor or Lipovas, the lipid-lowering drug.

All could achieve sales of more than \$4bn a year.

RPR sues Waymade over PIs

Rhone-Poulenc Rorer is suing Waymade for infringing its UK supplementary protection certificate for Celecol (celiprolol hydrochloride).

RPR alleges that Waymade has parallel-imported celiprolol HCl into the UK from Spain (or has threatened to do so).

The European Commission rejects demands to extend the

ban on PIs from Spain and Portugal late last year (*C&D* December 23/30, 1995, p925). However, some questions about the legitimacy of parallel imports from Spain are still being considered by the European Court of Justice.

Waymade has indicated through its solicitors that it will defend the proceedings commenced by RPR.

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Mr C. P. Pole, Retail Director, L. Rowland & Co (Retail) Ltd, Dolydd Road, Wrexham, Clwyd LL13 7TF. Telephone 01978 290555.

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00 353 831 4341 for details.

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TRADE LESS 45% - 10x100 Lopid 300mg caps (exps 8/96-11/97). Tel: 0121-358 3588.

TRADE LESS 20%+VAT+POSTAGE - 195 Sinemet-L5, 41 Parlodel 2.5mg, 112 Florinef, 176 Motilium, 84 Eldepryl, 63 Symmetrel, 23 Sinemet CR 10mg, 150 Promazine 25mg. Tel:

01963 250259.

TRADE LESS 25%+VAT - Hytrin 10mg tabs, Adizem-XL 300mg caps, Glucobay 50 tabs, Tegaderm dressing 3M, Buccastem 3mg, Rifinah 150 tabs, Rifinah 300 tabs, Viscopaste 7.5cmx6m. Tel: 01706 830437

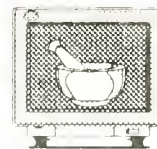
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TRADE LESS 20%+VAT - 84 Sotazide tabs. Tel: 01254 680890.

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parin CA 5,000iu/0.2ml. Tel: 0181-767 6005.

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TRADE LESS 25% - 5x84 Cymevene, 42 Zofran 8mg, 60 Zofran 4mg, 75 Mysteclin tabs, 28 Provera 200mg. Tel: 0113 264 8038.

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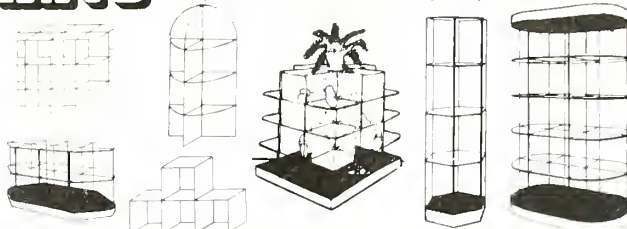
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ABOUT people

Kicking off the new year with honour

Suffolk pharmacist Karl Legg has launched himself into 1996 with double honours: election onto the local pharmaceutical committee and winning a customer service award in his local newspaper.

Mr Legg of Trimley Pharmacy in St Mary, near Felixstowe, who is now LPC secretary for Suffolk, was nominated by one of his customers for the award in *The Evening Star*.

The customer, whose children Mr Legg went out of his way to help (ordering and delivering medicines), then backed the nomination with over 100 signatures collected from play groups, mother and toddler groups, and people in sheltered housing.

Pet project

'Learning from each other' is the theme of this year's National Pet Week, which runs from May 4-12.

The aim of the Week is to raise awareness of the mutually beneficial relationships between man and animals.

Pharmacists who wish to be involved should contact the National Pet Week information line on 0181 421 6166.

Meet me at the Carousel!

Forget 'Phantom of the Opera'. Forget 'Les Miserables'. The musical that pharmacist Deirdre Tunney will be singing and dancing to is 'Carousel'.

Deirdre, who is audit facilitator at the Pharmaceutical Society of Northern Ireland, is doing a season with the Fortwilliam Musical Society at the Arts Theatre in Belfast. But, although as a chorus member she will not be taking centre stage, she knows that all eyes in the house will be

on her on the night of February 6.

Why? Because the audience will be exclusively pharmacists and their friends attending a charity night to raise money for the Benevolent Fund. "I'm a bit apprehensive because I know they will all be watching me, but I don't mind really," says Deirdre.

The PSNI is organising the night and is hoping to sell 500 tickets at £8 each.

Further details from the Society's office, tel: 01232 326927.



Northern Ireland beat Scotland at the Numark Golf Tournament/Rennie Trophy held at Royal Portrush, N Ireland. Pictured at the celebratory dinner are (l to r): Jim Malcolm, commercial director at Sangers; David Gibson, co-partner of Gibsons Pharmacy in Limavady; Numark shareholders Richard Graham, team captain Frank Murray and Will Packham; and Roche's N Ireland representative, John Dunlop

Medact gets in on the healthcare action

Medact, the medical charity, is enlisting the help of pharmacists in raising money for the people of the former Yugoslavia.

The charity, which works to prevent war and mitigate its effects, needs funds to send volunteer mental health professionals to the region. It also aims to further its work as an implement-

ing partner in the UNICEF psychosocial programme for war-traumatised children.

Geraint Davies, who runs a pharmacy of the same name in Treherbert in the Rhonda Valley, is one of eight pharmacy members of Medact. He believes the health implications of war mean healthcare professionals need to

become more involved. "I think the greatest threat to health is war and the greatest thing to improve the health of the people of the former Yugoslavia is peace," he says.

Anyone interested in making a donation or becoming a member of Medact should contact the organisation on 0171 272 2020.

Everyone's a winner on No Smoking Day

Pharmacists can be the winners in this year's No Smoking Day campaign.

A £200 gift voucher will go to the pharmacy which puts the campaign theme - Put A Not in It - and materials to best effect in a window display, backed with advice on smoking cessation.

To enter, pharmacists should send a photograph of their display, along with a covering letter detailing their support of patients to: No Smoking Day Pharmacy Competition, c/o 37 Soho Square, London W1V 5DG. The closing date for entries is No Smoking Day itself, March 13.

Pharmacists should have received a No Smoking Day pack from the Pharmacy Healthcare Scheme. Campaign material is available from the No Smoking Day office, call Claire Tyrrell on 0171 413 1919 for a free pack.

Calling all hoarders

Hoarders, your day has come. Bill Brookes, the honorary vice president of the Guild of Hospital Pharmacists, is drafting the second instalment of the history of the Guild and is looking for relevant material dating from 1983 to the present day.

Mr Brookes is looking for documents, such as minutes, agendas, articles, papers, policy documents, correspondence and photographs, relating to that period. He would also welcome thoughts on key events, dates or personalities from the Guild at local, national and international level.

Material should be sent to Mr Brookes at 16 Queensway, Al-sager, Stoke-on-Trent, Staffordshire ST7 2SP. All material will be returned if requested.

APPOINTMENTS

Geoff Newman has been appointed commercial director of Hoechst Marion Roussel in the UK.

AAH Pharmaceuticals has recruited Sarah Orriss as sales representative for the southern division.

Edmund Coughlin has been made account development manager for Unichem's Manchester and Lancashire region.



The Lloyds Chemists Pharmacy Assistant of the Year award has gone to June Gamble from the Chesterfield branch, earning her a luxury all expenses paid weekend for two in Paris. The Unipath-sponsored award, essentially an educational programme, consisted of a two-stage theoretical and practical test. Ms Gamble is pictured with Unipath national account manager Alan Hill (left) and Lloyds' operations director, Dick Middleton

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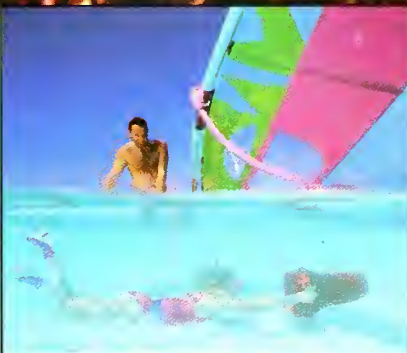
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